

Commercial Vehicle Safety Alliance (CVSA) Passenger Vehicle Inspector Certification

Inspector Name: _____

Agency / Department: _____

Date completed Passenger Vehicle Inspection (Bus) course: _____ - _____ - _____

Inspector trainee is **required** to complete at least eight bus inspections with a certified bus inspector, within six (6) months of completion of the Passenger Vehicle Inspection Course. Occasionally an inspector may need to complete more than eight (8) inspections. Supervisors should sign this form only when the supervisor is comfortable the inspector is ready to conduct bus inspections with no supervision. **Note:** Include all copies of inspections.

Certified Inspector

(Print Name of Coach)

Number of Inspections

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

I certify that at least 8 bus inspections were completed on (date) _____ - _____ - _____
The individual named above is recommended for CVSA certification.

Immediate supervisor (print name) _____

(Signature) _____

Instructions

- 1) Black out the driver's license and the date of birth when emailing to prevent personal information from being stolen.
- 2) [Email](#) this form and copies of the inspections to Abe Dunivin.
- 3) Mail to: Abe Dunivin (Leonard.A.DUNIVIN@odot.oregon.gov)
Oregon Department of Transportation
Commerce and Compliance Division (CCD)
455 Airport Road SE, Building A
Salem OR 97301

