

# Certification of Annual Inspector

This is to certify that \_\_\_\_\_  
is certified and meets all the criteria set forth in the U.S. Department of  
Transportation Federal Motor Carrier Safety Administration sections of 49  
CFR Part 396.19,

His qualification is as follows:

\_\_\_\_\_ Years as a mechanic/inspector for the listed companies.

---

---

---

---

---

---

---

---

Certification issued by: \_\_\_\_\_  
Title of person certifying qualifications

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address of company \_\_\_\_\_

---

---