



**APPLICATION FOR OFFICIAL
EMISSIONS INSPECTOR
CERTIFICATION OR RECERTIFICATION**

Batch # _____

For Department Use Only

A APPLICANT INFORMATION - To be completed by Applicant. NOTE: Allow two weeks from test date until you receive your card.

APPLICANT MUST COMPLETE SECTION A OF THIS FORM AND SUBMIT TO AN APPROVED EDUCATIONAL INSTITUTION.

Applicant must be 18 years of age and have a valid Pennsylvania Driver's License or Photo Identification. An out-of-state applicant must provide a valid out-of-state driver's license or photo identification.

PA DL/Photo ID#	Last Name	First Name	Middle Name	Date of Birth
Street Address (Current address - Card will be mailed here)		City	State	County
Out-of-State DL/Photo ID#	State*	E-Mail Address		

Do you read, write and understand the English language?..... YES NO

Have you ever been suspended as an official inspection mechanic?..... YES NO

I/We hereby certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I/we understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 Pa.C.S. Section 4904[b]).

_____ Applicant's Signature	() Work Telephone Number
_____ Print Name in Ink Exactly as It Appears on Driver's License	() Home Telephone Number

B INSTRUCTOR INFORMATION - To be completed by instructor.

This application is for (please check one):

- CERTIFICATION CBT PROGRAM RECERTIFICATION PROGRAM

For out-of-state students, the instructor must contact PennDOT's Vehicle Inspection Division at 717-705-2405 to establish an out-of-state inspector record and acquire a PA Inspector ID#. This must be completed with new number and date entered here, **prior** to submitting this form. Insert PA Inspector ID#: _____ Date Received: _____

Does the applicant have a valid out-of-state driver's license?..... YES NO
(If yes, attach a copy of front and back of driver's license.)

Is the address on this form the same as the address on driver's license?..... YES NO
If no, change of address for CDL license holders must be submitted on Form DL-80CD prior to completion of class.

Restrictions/Classes (if any listed on applicant's driver's license)? _____

School Vemis No.	School Name	School's Student ID#
Instruction Date(s)	Instructor's No.	Instructor's Name

Instructor(s) verifying identification and/or training/certification shall sign this document and list his/her instructor number.

_____ Signature	_____ Instructor Number	_____ Signature	_____ Instructor Number
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Send to: Parsons, Attn: PA I/M Training Department, 401 Commerce Park Drive, Cranberry Township, PA, 16066