



# APPLICATION FOR CERTIFICATION OF OFFICIAL VEHICLE SAFETY INSPECTOR

For Department Use Only  
 Bureau of Motor Vehicles • Vehicle Inspection Division  
 P.O. Box 68697 • Harrisburg, PA 17106-8697

**PRINT OR TYPE ALL INFORMATION - MUST BE SUBMITTED TO AN APPROVED EDUCATIONAL FACILITY**

Applicant must be 18 years of age and have a valid operator's license for each class of vehicle they intend to inspect. Applicant must also complete a lecture course at an approved educational facility, pass a written test and satisfactorily perform a complete inspection of a vehicle. Upon successful completion of these courses, you will receive your certified safety inspection certification card in approximately 6 to 8 weeks from the date your class ended. The school has 35 days from the class ending date to submit the paperwork for processing. You may not begin inspecting until you receive your certification card.

## A APPLICANT INFORMATION

Last Name	First Name	Middle Name	Birth Date	Driver's License Number	State
Street Address	City		State	County	Zip Code
Work Telephone Number			Home Telephone Number		
Do you currently hold a valid out-of-state driver's license? (If yes, attach a copy.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>*Contact PennDOT's Vehicle Inspection Division at 717-787-2895 to establish an out-of-state mechanic record prior to completion of this class.</b>					
List any restrictions on your driver's license (if applicable): _____					
Do you currently hold a valid Pennsylvania driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you held a Pennsylvania driver's license in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you currently hold a Pennsylvania probationary driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how long have you had this license? _____ years.					
Do you currently hold a Pennsylvania occupational limited driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your current driver's license restrict you to driving only vehicles with automatic transmissions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your current driver's license restrict you to driving only vehicles that have special equipment for physical adaptations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you currently required to use an ignition interlock device? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What class(es) is/are listed on your driver's license? _____					
Do you currently hold a valid commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you read, write and understand the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What type of vehicles do you intend to inspect? <input type="checkbox"/> Passenger cars/trucks 17,000 lbs. or less/trailers 10,000 lbs. or less <input type="checkbox"/> Motorcycles <input type="checkbox"/> Buses/trucks over 17,000 lbs./trailers over 10,000 lbs.					

I hereby certify, under penalty of law, that the above information is correct to the best of my knowledge. **WARNING:** Any false statement on this application could subject the applicant to prosecution under Section 4903 of the "Crimes Code," and punishment upon conviction of a fine not more than \$5,000 and/or imprisonment for not more than two years.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

## B INSTRUCTOR/TESTING INFORMATION

SCHOOL NAME				SCHOOL VEMIS NO. (4 DIGITS)										
INSTRUCTION DATES (MM/DD/YY)			PRINTED NAME (MAKE SURE IT IS LEGIBLE)			INSPECTOR ID #								
FROM:		TO:												
WRITTEN TEST SCORE (IN PERCENTAGE)			TACTILE TEST RESULTS "PASS" OR "FAIL"			Instructor's Number Giving Test		FILL IN BELOW						
BASE TEST	SPECIAL CATEGORY			TAC 1	TAC 2	TAC 3	WRITTEN TEST			TACTILE TEST				
	CAT 1	CAT 2	CAT 3				BASE TEST	CAT 1	CAT 2	CAT 3	TAC 1	TAC 2	TAC 3	

**TACTILE TEST NOT REQUIRED** (Failed Recertification 3 times.) Recommended to receive certification card  Yes  No

Instructor(s) providing course instruction and/or testing results shall sign this document and list their Inspector ID #.

X \_\_\_\_\_  
 X \_\_\_\_\_  
 X \_\_\_\_\_

Director of Vocational Education or Program  
 Director's/Supervisor's Signature  
 X \_\_\_\_\_