

**MV-409 (10-03)**

Bureau of Motor Vehicles  
 Vehicle Control Division  
 P.O. Box 68697  
 Harrisburg, PA 17106-8697

## APPLICATION FOR CERTIFICATION OF OFFICIAL VEHICLE SAFETY INSPECTOR

**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 he/she intends 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 6-8 weeks from your ending class date. 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.

LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH DATE	OPERATOR'S NUMBER	STATE
STREET ADDRESS		CITY		STATE	COUNTY	ZIP CODE
WORK TELEPHONE NUMBER		HOME TELEPHONE NUMBER			SOCIAL SECURITY NUMBER	

Restrictions (If any, listed on Applicant's operator's license)? \_\_\_\_\_

Do you currently hold a valid Pennsylvania driver's license?  Yes  No

Have you held a Pennsylvania driver's license in the past?  Yes  No

Do you currently hold a Pennsylvania probationary driver's license?  Yes  No

If yes, how long have you had this license? \_\_\_\_\_ years.

Do you currently hold a Pennsylvania occupational limited driver's license?  Yes  No

Do you currently hold a valid Out-of-State driver's license?  Yes  No (If yes, attach copy.)

What class(es) is/are listed on your driver's license? \_\_\_\_\_

Do you currently hold a valid CDL license?  Yes  No

Do you read, write and understand the English language?  Yes  No

What type of vehicles do you intend to inspect?  Passenger cars/trucks 17,000 lbs. or less/trailers 10,000 lbs. or less  
 Motorcycles  
 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 IN INK

SCHOOL NAME	SCHOOL VEMIS NO. (4 DIGITS)
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INSTRUCTION DATES (mm/dd/yy)	INSTRUCTOR'S NUMBER
FROM:	TO:

WRITTEN TEST SCORE (IN PERCENTAGE)			TACTILE TEST RESULTS "PASS" OR "FAIL"			Instructor's No's Giving Test						FILL IN BELOW		
BASE TEST	SPECIAL CATEGORY		TAC 1	TAC 2	TAC 3	BASE TEST	WRITTEN TEST			TACTILE TEST				
	CAT 1	CAT 2					CAT 3	CAT 1	CAT 2	CAT 3	CAT 1	CAT 2	CAT 3	

**Recommended to receive certification card**  Yes  No

Instructor(s) providing course instruction and/or testing results shall sign this document and list his/her instructor's number.

Director of Vocational Education or Program Director's/Supervisor's Signature

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_