

MV-501 (01-02)



APPLICATION FOR CERTIFICATION OR RECERTIFICATION OF OFFICIAL EMISSION INSPECTOR CERTIFICATION (PLEASE TYPE OR PRINT INFORMATION)

BUREAU OF MOTOR VEHICLES Send to: ASPIRE, Inc. 925 Lincoln Highway Morrisville, PA 19067

MUST BE SUBMITTED TO AN APPROVED EDUCATIONAL INSTITUTION

Applicant must be 18 years of age and have a valid Pennsylvania photo driver's license. Out of state applicant must provide a valid out-of-state driver's license. Applicant must also complete a lecture course at an approved educational institution, pass a written test, and satisfactorily demonstrate the ability to emission inspect a vehicle.

Batch No. \_\_\_\_\_

School's Student ID#

Table with fields: DRIVER/I.D. NO., STATE \*, LAST NAME, FIRST, MI, BIRTH DATE, STREET - Current address - Card will be mailed here, CITY, STATE, COUNTY, ZIP CODE

\* If applicant has a valid out-of-state driver's license, attach and submit a copy with this form.

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.
Do you read, write and understand the English language? [ ] YES [ ] NO
Restrictions/Classes (if any listed on applicant's driver's license) \_\_\_\_\_
Have you ever been suspended as an official inspection mechanic? [ ] YES [ ] NO

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.

( ) \_\_\_\_\_
Work Telephone Number

\_\_\_\_\_
Applicant's Signature in Ink

( ) \_\_\_\_\_
Home Telephone Number

\_\_\_\_\_
Print Name in Ink Exactly as It Appears on Driver's License

Table with fields: School Vemis No., School Name, Instruction Date(s), Instructor's No., Instructor's Name

This application is for (please check one):

NOTE: Allow two weeks from test date until you receive your card.

- [ ] CERTIFICATION CBT PROGRAM
[ ] RECERTIFICATION PROGRAM

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

X \_\_\_\_\_
SIGNATURE NUMBER

X \_\_\_\_\_
SIGNATURE NUMBER

FORM MAY BE PHOTOCOPIED