

**SUPPLEMENTAL CERTIFICATION APPLICATION
 ENHANCED VEHICLE SAFETY
 INSPECTION PROGRAM**
 (To be used for Category 4 testing only)

PLEASE PRINT OR TYPE ALL INFORMATION—MUST BE SUBMITTED BY AN APPROVED EDUCATION FACILITY

Upon successful completion of testing, applicants who currently hold an inspection mechanic certification will receive an updated mechanic certification card; applicants who do not hold an inspection mechanic certification will receive a Certificate of Completion. All applicants must be 18 years of age and have a valid operator's license.

LAST NAME	FIRST NAME	MI	SEX M F	BIRTH DATE	OPERATOR'S #	STATE
STREET ADDRESS		CITY		STATE	COUNTY	ZIP
WORK TELEPHONE NUMBER		HOME TELEPHONE NUMBER			SOC SEC # (if non-PA driver's license)	

Do you currently hold a PA inspection mechanic certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, enter the vehicle classes listed on your mechanic certification card	
List any restrictions on your driver's license (if any)	
Do you currently hold a valid PA driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, enter the operator number on your safety inspection certification card	
Have you held a PA driver's license in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold a PA 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 an occupational limited driver's license?	<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
Do you currently hold a valid out-of-state driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy
What class(es) is/are listed on your driver's license?	
Do you currently hold a valid PA CDL 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 under the Enhanced Vehicle Safety Inspection Program?	
<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.	
<input type="checkbox"/> None (Application for Certified Document Reviewer only)	

I hereby certify, under penalty of law, that the above information is correct to the best of my knowledge. Further, I understand that any violation of PennDOT regulations, policies or procedures relating to the enhanced vehicle safety inspection program may result in the suspension or revocation of my certification in addition to penalties contained in Pa. Code Chapter 175. **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	Station #	Date
INSTRUCTOR NAME (PRINT)	INSTRUCTOR #	INSTRUCTOR SIGNATURE
SCHOOL NAME	VEMIS # (4 DIGITS)	DIR OF EDUC OR PROGRAM DIR SIGNATURE
TEST DATE (CATEGORY 4 TESTING ONLY)	TEST SCORE (%)	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL