MV-170 (3-25)

Pennsylvania
Department of Transportation

SAFETY INSPECTION RECERTIFICATION EXTENSION REQUEST FORM

(The space above is for Department use only)
Bureau of Motor Vehicles • Vehicle Inspection Division
PO Box 68697 • Harrisburg, PA 17106

A INSPECTOR INFORMATION

Inspector Number			Date
Inspector Name			Telephone Number
Address	City	State	Zip Code

B CERTIFICATION

I, _____ , do hereby request an extension of my safety inspection certification
(Print Full Name)

for the following reason:

☐ Military: Pennsylvania residents who are on active or reserve military duty.
☐ Medical:(Explain below).

_____
_____
_____
_____
_____
_____

☐ Other: (Explain below).

_____
_____
_____
_____
_____
_____

C INSPECTOR SIGNATURE

I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that the statements made herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) punishable by a fine up to $2,500 and/or imprisonment up to 1 year.

_____ _____
Inspector's Signature Date

Please return form to address below or submit electronically:

Bureau of Motor Vehicles
Vehicle Inspection Division, P.O. Box 68697
Harrisburg, PA 17106-8697
Or
RA-pd7173464722@pa.gov

FOR DEPARTMENT USE ONLY

❑ Approve ❑ Disapprove

_____
PennDOT Official Signature Date

Visit us at www.pa.gov/dmv or call us at 717-412-5300.TYY callers - please dial 711 to reach us.