



Pennsylvania
Department of Transportation

EMISSION 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