



Pennsylvania
Department of Transportation

**SUPPLEMENTAL CERTIFICATION APPLICATION
FOR THE ENHANCED VEHICLE SAFETY
INSPECTION PROGRAM**

(TO BE USED FOR CATEGORY 4 TESTING ONLY)

For Department Use Only

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

PRINT OR TYPE ALL INFORMATION - MUST BE SUBMITTED BY AN APPROVED EDUCATIONAL 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.

A APPLICANT INFORMATION

Last Name		First Name		Middle Name	Driver's License/Photo ID#		State Issued From	
Street Address			City			State	Zip Code	County
Work Telephone Number ()		Home Telephone Number ()			Date Of Birth		Applicant Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Do you currently hold a valid out-of-state driver's license? (If yes, attach a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No *Contact PennDOT's Vehicle Inspection Division at 717-787-2895 to establish an out-of-state mechanic record prior to completion of this class. Do you currently hold a PA inspection mechanic certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the classes listed on your mechanic certification card: _____ List any restrictions on your driver's license (if applicable): _____ Do you currently hold a valid Pennsylvania 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 Pennsylvania driver's license in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you had a PA Driver's License? Years Do you currently hold a Pennsylvania probationary driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you had this license? Years Does your current driver's license restrict you to driving only vehicles with automatic transmissions? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your current driver's license restrict you to driving only vehicles that have special equipment for physical adaptations? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 What class(es) is/are listed on your driver's license? _____ Do you currently hold a valid Pennsylvania commercial driver's 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? (Check all that apply): <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				Station #			Date	

B INSTRUCTOR/TESTING INFORMATION

INSTRUCTOR'S PRINTED NAME		INSTRUCTOR'S #	INSTRUCTOR'S SIGNATURE
SCHOOL NAME		VEVIS # (4 DIGITS)	DIR OF EDUC OR PROGRAM DIR SIGNATURE
TEST DATE (CATEGORY 4 TESTING ONLY)		TEST SCORE (percentage)	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

INSTRUCTIONS

Section A is to be completed by the applicant.

Section B is to be completed by the school instructor after the class and all testing has been completed.

DRIVER LICENSE INFORMATION

If an applicant has any of the following driver's license types, please contact PennDOT's Vehicle Inspection Division at (717) 787-2895, before the student pays to register for the class.

1. Probationary License (PL)
2. Occupational Limited License (LL)
3. Ignition Interlock License (II)
4. Out-of-State License (if state does not border Pennsylvania)

OUT-OF-STATE DRIVER LICENSE INFORMATION

If a student lives out-of-state, they must provide their out-of-state address and driver's license information. (A Pennsylvania address may only be listed by a Pennsylvania resident.) A copy of the student's out-of-state driver's license must be attached to this form.

If they are a Pennsylvania resident, and they still possess an out-of-state driver's license, they must surrender their out-of-state driver's license and obtain a Pennsylvania driver's license.

Additional information may be found on PennDOT's Driver and Vehicle Services website, at www.pa.gov/dmv or by contacting PennDOT's Customer Call Center at 1-800-932-4600, Monday through Friday, 8 a.m. to 5 p.m.

Work addresses may not be listed on Form MV-409 or Form MV-409S.