



Pennsylvania  
Department of Transportation

## APPLICATION FOR ENHANCED VEHICLE SAFETY INSPECTION STATION

USE: This application shall be completed when applying for a new Enhanced Vehicle Safety Inspection Station.

☐ Approved

☐ Denied

☐ Rejected

Date: \_\_\_\_\_

Contract Number: \_\_\_\_\_

(The space above is for Department use only)  
Bureau of Motor Vehicles • 1101 South Front Street • Harrisburg, PA 17104

<b>A</b>	<b>APPLICANT INFORMATION</b>			
Name of Business:			Inspection Station Number:	
Business Street Address:				
City:		County:		State: Zip Code:
Business Phone Number:	Cell Phone Number:	Email:		
<b>Mailing Address (if different than above)</b>				
Street Address:		City:		State: Zip Code:
<b>B</b>	<b>BUSINESS INFORMATION</b> <b>CHECK (✓) OWNERSHIP CLASS:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Federal ID Number:		State Sales Tax Number:		
<b>C</b>	<b>STATION OWNERS / PARTNERS / OFFICERS / MEMBERS</b> (If more space is needed, continue on a separate sheet of paper and attach to application.)			
Name:		Date of Birth:	Title:	Inspection Record ID Number:
Name:		Date of Birth:	Title:	Inspection Record ID Number:
Name:		Date of Birth:	Title:	Inspection Record ID Number:
Name:		Date of Birth:	Title:	Inspection Record ID Number:
<b>D</b>	<b>ENHANCED INSPECTORS</b> (If more space is needed, continue on a separate sheet of paper and attach to application.)			
Name:		Date of Birth:	Inspection ID Number:	
Name:		Date of Birth:	Inspection ID Number:	
Name:		Date of Birth:	Inspection ID Number:	
Name:		Date of Birth:	Inspection ID Number:	
Name:		Date of Birth:	Inspection ID Number:	
Name:		Date of Birth:	Inspection ID Number:	

<b>E</b>	<b>STATION QUESTIONS</b>
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1. How long have you been appointed as an Official Safety Inspection Station? \_\_\_\_\_

2. Approximately how many safety inspections are performed per month? \_\_\_\_\_

3. How many enhanced inspections do you anticipate performing each month? \_\_\_\_\_

4. Has this business, or any of the businesses' owner(s), partner(s), officer(s), or member(s), ever been a dealer, miscellaneous motor vehicles business, messenger service, inspection station, or issuing agent in this or any other state?  
Yes ☐      No ☐      If yes, list name(s), location(s), and identification number(s).

Name(s):	Location(s):	Identification Number(s):
Name(s):	Location(s):	Identification Number(s):
Name(s):	Location(s):	Identification Number(s):

5. Have any of the businesses' owner(s), partner(s), officer(s), or member(s) been affiliated with a dealership, miscellaneous motor vehicle business, messenger service, inspection station, or issuing agent whose privilege to conduct business as such was suspended, cancelled, or revoked, or is currently under investigation or received notice to attend a Departmental or court hearing or is awaiting a decision by a hearing officer or a court?  
Yes ☐      No ☐      If yes, list name, location, identification number and explain situation.

Name(s):	Location(s):	Identification Number(s):
Name(s):	Location(s):	Identification Number(s):
Name(s):	Location(s):	Identification Number(s):

6. Have any owner(s), partner(s), officer(s), or member(s) of this business ever been convicted of a crime or administratively sanctioned for a violation, including, but not limited to, the following: a crime involving theft, receiving stolen property, fraud, dishonesty, breach of trust, operating a criminal enterprise, or owning, operating, or conducting a chop shop; a crime relating to motor vehicles (including, but not limited to, titling, registration, or collection of sales tax and fees for a vehicle); a crime involving or violation of Department regulations (Title 67, Chapters 175 or 177); or a crime involving or violation of Chapter 47 of the Pennsylvania Vehicle Code?  
Yes ☐      No ☐      If yes, please explain.

7. Have any owner(s), partner(s), officer(s), or member(s) of this business ever remitted uncollectible checks payable to the Department of Transportation or the Commonwealth of Pennsylvania?  
Yes ☐      No ☐      If yes, please explain.

8. Are all owner(s), partner(s), officer(s), member(s), and management/supervisory employee(s) aware of their responsibilities and obligations relating to the operation of an Official Safety Inspection Station and an Enhanced Vehicle Safety Inspection Station, including, but not limited to, recordkeeping, supervision of employees, and customer relations?  
Yes ☐      No ☐      If no, please explain.

<b>F</b>	<b>ACKNOWLEDGEMENTS</b>
<div style="margin-bottom: 10px;"> <input type="checkbox"/> I understand that a certificate of insurance for garage keepers coverage in the amount of \$50,000 in excess of any other insurance policy(s) is required for each prospective Enhanced Vehicle Safety Inspection Station before an Enhanced Vehicle Safety Inspection Station Agreement can be granted and must be maintained throughout the life of the contract.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I attest that no owner, partner, officer, or member, or any business with which they were previously affiliated, have any outstanding liabilities which are due and owing to the Commonwealth, including, but not limited to, taxes, fees, monetary penalties, or outstanding paperwork.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I understand that I must enroll in the e-Safety Electronic Record Keeping System before the Enhanced Certificate of Appointment can be issued.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I understand the Department reserves the right to deny this application if the General Requirements contained in the Enhanced Vehicle Safety Inspection Station Application Requirements, or any other requirements contained therein, are not met to the satisfaction of the Department.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> I understand that if the application is denied, I am ineligible to reapply to become an Enhanced Vehicle Safety Inspection Station for a period of twenty-four (24) months. I further understand that reapplication shall be treated as a new application subject to the General Requirements contained in the Enhanced Vehicle Safety Inspection Station Application Requirements.         </div>	
<b>G</b>	<b>UNSWORN DECLARATION AND APPLICANT SIGNATURE</b>
<p style="font-size: 0.9em; margin-bottom: 10px;">I/We state that I/we have read and signed this application after its completion, and I/we swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this application is subject to the penalties of 18 Pa.C.S. Section 4904 (relating to unsworn falsification), which include criminal prosecution and a term of imprisonment, the maximum of which may be one year [18 Pa.C.S. 4904(b)], or up to two years [18 Pa.C.S. 4904(a)]. In addition to any other penalty, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000 [18 Pa.C.S. 4904(d)].</p> <div style="margin-bottom: 10px;">             Signed on the ____ day of _____, _____ at _____, _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(county or other location, and state)</span> <span>(country)</span> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">             _____              Printed Name of Applicant or Authorized Signer           </div> <div style="width: 45%; text-align: center;">             _____              Signature of Applicant or Authorized Signer           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;">             _____              Printed Name of Co-Applicant           </div> <div style="width: 45%; text-align: center;">             _____              Signature of Co-Applicant/Title of Authorized Signer           </div> </div>	

**ENHANCED VEHICLE SAFETY  
INSPECTION STATION APPLICATION INSTRUCTIONS**  
**SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS PROCESS, PLEASE CALL 717-783-9292.**

**Section A:** Applicant Information

- **Name of Business:** Indicate the name under which you will operate. List both names if you trade under a different name.
- **Business Street Address:** Record the actual, physical location of the business. This address must be a street address and cannot be a Post Office box. If you wish to receive mail from the Department at your business street address, the mailing address portion of Section A should remain blank.
- **Business Phone Number:** Provide the business telephone number, including area code.
- **Mailing Address (if different than business street address):** May be indicated in the space provided. If you use a PO Box to receive mail, enter the PO Box in the Mailing Address portion of Section A.

**Section B:** Business Information

- List business information (i.e., sole proprietorship, partnership, corporation, or an LLC.)
- List your Federal ID number and State Sales Tax number in the appropriate sections. If you have submitted applications to these agencies and have not received your identification numbers, you may write "APPLIED FOR" in the appropriate section, then submit your tax number(s) to the Department when said numbers are received.

**Section C:** List all station owner(s) / partner(s) / officer(s) / member(s).

**Section D:** List all enhanced inspectors.

**Section E:** Questions must be completed by applicant and any/all explanations must be provided clearly and accurately.

**Section F:** Applicant must complete all acknowledgments.

**Section G:** Application must be signed and dated by one individual listed in Section C of this application who has authority to action behalf of the business entity.

☐ **Pictures of the following items must be attached to the application:**

- ☐ Entranceway
- ☐ Exterior sign with business name
- ☐ Exterior Official Safety Inspection Station sign with visible station number
- ☐ Interior of office
- ☐ Interior area of service bay(s)
- ☐ Exterior of building
- ☐ Secure area for storage of inspection stickers and other items relating to vehicles being presented for enhanced vehicle safety inspections
- ☐ Display of the complete schedule of fees and charges relating to safety inspections (and emission inspections, if applicable) posted for customers

☐ **Criminal Record Check(s)**

Criminal record checks for all owner(s), partner(s), officer(s), member(s), and enhanced inspector(s).  
Criminal record checks must be no more than 30 days old at the time the application is submitted.

☐ **Security Plan**

Applicant shall provide its written proposal for the method of security which it intends to use for safeguarding all supplies relating to the enhanced vehicle safety inspection service including inspection stickers, certificates of salvage, and certificates of title issued to vehicles being presented for an enhanced vehicle safety inspection.

☐ **Proof of Insurance**

Applicant shall provide a certificate of insurance and maintain with the Department a current certificate of insurance for garage keepers coverage in the amount of \$50,000 for each prospective Enhanced Inspection Station.

**Visit us at [www.pa.gov/dmv](http://www.pa.gov/dmv) or call us at 717-412-5300. TTY callers — please dial 711 to reach us.**