

SAFETY INSPECTION CERTIFICATION FOR MOTOR CARRIER VEHICLES

(The space above is for Department use only)
PennDOT - P.O. Box 68674 - Harrisburg, PA 17106-8674

Ť	APPLICANT INFORMATION	ON - This s	ection to be complet	ed by the ve	hicle owner.			
L	Last Name (or Full Business Name)		First Name	Middle Name		_/Photo s. ID#	ID#	Date of Birth
l	Street Address			City			State	Zip Code
	VEHICLE INSPECTION IN	FORMAT	ION - This section to	be complet	ed by the inspec	cting	station/med	I chanic.
l	Inspection Station Number	Inspection Stat			, ,	Ť	ection Date	Inspection Expiration
	nspecting Mechanic's Name			Mechanic Number		Mechanic Type		Mechanic Expiry Date
	Vehicle Identification Number		Title Number		Plate Number		Sticker Numbe	r Affixed to the Vehicle
	information, the vehicle title report form, write "AFFIXED	•		, ,	le. In	the check-	block area of your	
			CUT AND AFFIX STICKER SO TH IS VISIBLE. IT IS FOR THE ST	IE SERIAI S NOT NE	L NUMBER CESSARY REFIX			
			(FOR EXAMPLE ON THE PORTIC AFFIXED T	N OF TH	E STICKER			
	I certify under penalty of law that a fact is a misdemeanor of the third	ALL informati	ON THE PORTIC AFFIXED T	ON OF THE TO THIS F	E STICKER ORM.			
		ALL informati	ON THE PORTIC AFFIXED T	ON OF THE O THIS F	E STICKER ORM.			
		ALL informati degree punis	on contained herein is Tshable by a fine up to \$2	RUE and COP 2,500 and/or in	RRECT and that I uprisonment up to	1 yea	r (18 Pa.C.S.	Section 4904[b]). that any misstatemen