

*(For GPS directions, please use Tomahawk Road, Towanda)*

## ***AUTO SAFETY INSPECTION INFORMATION SHEET***

The Northern Tier Career Center will be offering an Automotive Safety Inspection Certification program for individuals interested in obtaining an automotive safety inspection certificate. Classes will be held from 3:30 until 9:00 pm. The following are the upcoming classes:

January 13 and 14, 2020

March 16 and 17, 2020

June 15 and 16, 2020

**The fee for the course is \$195.00 for one classification. There is an additional fee of \$40.00 for each added category. Categories are:**

1. Cars and Light Trucks
2. Motorcycles
3. Heavy Trucks

**If you would prefer to print out and peruse the book before class, the link is:**

[http://www.dot.state.pa.us/public/dvspubsforms/BMV/BMV%20Manuals/Pub\\_45%20Inspections%20Regulations/PUB-45.pdf](http://www.dot.state.pa.us/public/dvspubsforms/BMV/BMV%20Manuals/Pub_45%20Inspections%20Regulations/PUB-45.pdf)

Students must attend both nights of class. The written tests will be given on the last night of class. Upon obtaining a passing grade for both tests, appointments for the tactile test will be scheduled. Tactile testing will be scheduled for one hour of each tactile.

**PRE-REGISTRATION IS REQUIRED. You may mail or physically bring paperwork to the Northern Tier Career Center (to Tina located in the Practical Nursing Office). A copy of your driver's license and payment must accompany paperwork. Please be sure to sign the MV-409 form before submitting. This registration fee and paperwork has to be in one day before class begins. There is a limited number of seats available.**

For further information, please contact Tina Mathers, at the Career Center, at 570-265-8111, extension 4153.

10/2019



# APPLICATION FOR CERTIFICATION OF OFFICIAL VEHICLE SAFETY INSPECTOR

**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 TO AN APPROVED EDUCATIONAL FACILITY**

Applicant must be 18 years of age and have a valid operator's license for each class of vehicle he/she intends to inspect. Applicant must also complete a lecture course at an approved educational facility, pass a written test and satisfactorily perform a complete inspection of a vehicle. Upon successful completion of these courses, you will receive your certified safety inspection certification card in approximately 6 to 8 weeks from the date your class ended. The school has 35 days from the class ending date to submit the paperwork for processing. You may not begin inspecting until you receive your certification card.

## A APPLICANT INFORMATION

Last Name	First Name	Middle Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Driver's License Number	State
Street Address		City	State	County	Zip Code	
Work Telephone Number			Home Telephone Number			

Do you currently hold a valid out-of-state driver's license? (If yes, attach a copy.) .....  Yes  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.**  
 List any restrictions on your driver's license (if applicable): \_\_\_\_\_  
 Do you currently hold a valid Pennsylvania driver's license? .....  Yes  No  
 Have you held a Pennsylvania driver's license in the past? .....  Yes  No  
 Do you currently hold a Pennsylvania probationary driver's license? .....  Yes  No  
 If yes, how long have you had this license? \_\_\_\_\_ years.  
 Do you currently hold a Pennsylvania occupational limited driver's license? .....  Yes  No  
 Does your current driver's license restrict you to driving only vehicles with automatic transmissions? .....  Yes  No  
 Does your current driver's license restrict you to driving only vehicles that have special equipment for physical adaptations? . . .  Yes  No  
 Are you currently required to use an ignition interlock device? .....  Yes  No  
 What class(es) is/are listed on your driver's license? \_\_\_\_\_  
 Do you currently hold a valid commercial driver's license? .....  Yes  No  
 Do you read, write and understand the English language? .....  Yes  No  
 What type of vehicles do you intend to inspect?  Passenger cars/trucks 17,000 lbs. or less/trailers 10,000 lbs. or less  
 Motorcycles  
 Buses/trucks over 17,000 lbs./trailers over 10,000 lbs.

I hereby certify, under penalty of law, that the above information is correct to the best of my knowledge. **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 \_\_\_\_\_

## B INSTRUCTOR/TESTING INFORMATION

SCHOOL NAME <b>Northern Tier Career Center</b>					SCHOOL VEMIS NO. (4 DIGITS) <b>3425</b>							
INSTRUCTION DATES (MM/DD/YY) FROM: _____ TO: _____				PRINTED NAME (MAKE SURE IT IS LEGIBLE) _____			INSPECTOR ID # _____					
WRITTEN TEST SCORE (IN PERCENTAGE)			TACTILE TEST RESULTS "PASS" OR "FAIL"			Instructor's Number Giving Test		FILL IN BELOW				
BASE TEST	SPECIAL CATEGORY			TAC 1	TAC 2	TAC 3	WRITTEN TEST			TACTILE TEST		
	CAT 1	CAT 2	CAT 3				BASE TEST	CAT 1	CAT 2	CAT 3	TAC 1	TAC 2

**TACTILE TEST NOT REQUIRED** (Failed Recertification 3 times.) **Recommended to receive certification card**  Yes  No

Instructor(s) providing course instruction and/or testing results shall sign this document and list his/her Inspector ID #.

\_\_\_\_\_  
 X \_\_\_\_\_  
 X \_\_\_\_\_  
 X \_\_\_\_\_

Director of Vocational Education or Program  
 Director's/Supervisor's Signature  
 X \_\_\_\_\_

## 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.

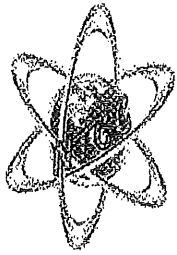
1. Probationary License (PL)
2. Occupational Limited License (LL)
3. Ignition Interlock License (II)
4. Out-of-State License (if state does not border Pennsylvania)

### 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.dmv.pa.gov](http://www.dmv.pa.gov), 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.



Northern Tier Career Center

120 Career Center Lane

Towanda, PA 18848

(570) 265-8111 - Fax: (570) 265-3002

www.ntccschool.org

ADULT EDUCATION SURVEY

(To be completed before class begins)

DATE: \_\_\_\_\_ COURSE: \_\_\_\_\_

STUDENT INFORMATION (PLEASE PRINT) (REQUIRED BY DEPT. OF EDUCATION)

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE BIRTHDATE: \_\_\_\_\_

SCHOOL DISTRICT I RESIDE IN: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YOUR E-MAIL ADDRESS: \_\_\_\_\_

COUNTY I RESIDE IN: \_\_\_\_\_

RACIAL/ETHNIC CATEGORY:

- \_\_\_ AMERICAN INDIAN/ALASKA NATIVE
- \_\_\_ ASIAN OR PACIFIC ISLANDER
- \_\_\_ BLACK (NON-HISPANIC)
- \_\_\_ HISPANIC
- \_\_\_ WHITE (NON-HISPANIC)

ARE YOU:

- \_\_\_ SINGLE PARENT
- \_\_\_ DISPLACED HOMEMAKER
- \_\_\_ ECONOMICALLY DISADVANTAGED
- \_\_\_ LIMITED ENGLISH PROFICIENCY
- \_\_\_ DISABLED

(Definitions listed on back)

HOW WILL SKILLS LEARNED IN THIS PROGRAM BE USED?

- \_\_\_ GAIN EMPLOYMENT
- \_\_\_ JOB SECURITY OR PROMOTION
- \_\_\_ BECOME CERTIFIED
- \_\_\_ PERSONAL ENRICHMENT
- \_\_\_ OTHER \_\_\_\_\_

DOES THIS COURSE FINISH YOUR PROGRAM SEQUENCE?

\_\_\_ YES, A COMPLETER      \_\_\_ NO, NEED THE FOLLOWING COURSE(S) TO FINISH MY PROGRAM: \_\_\_\_\_

OTHER COURSES, OFFERED BY THE NTCC, THAT I AM INTERESTED IN TAKING:

\_\_\_\_\_

\*\*\*\*\*For Administrative Use Only\*\*\*\*\*

Bill client to: \_\_\_\_\_ Copy to business manager: \_\_\_\_\_ Copy to PIMS reporter: \_\_\_\_\_

Signature of Adult Education Coordinator/Instructor \_\_\_\_\_ Date \_\_\_\_\_