



**EMISSIONS INSPECTION
CERTIFICATION PROGRAM**
Certified by
Pennsylvania Department of Transportation

Program Summary

This program leads to Emissions Inspector certification by the Pennsylvania Department of Transportation. It contains 15 hours of classroom instruction, which includes demonstrations on Dynamometer gas analyzing and OBDII equipment; 1 hour written examination, and ½ hour Computer-Based Test (CBT). Test results will be forwarded to ASPIRE, Inc., contractor of Pennsylvania Department of Transportation, for grading. Dauphin County Technical School's Adult Education Office will mail pass/fail notification within five (5) business days; however, allow fifteen (15) business days for the Inspector Certification ID Card. **You cannot inspect vehicles for emission testing without this card.**

Inspector Certification is valid for two (2) years. You will then be required to take a Recertification course to maintain your certification. Please contact Dauphin County Technical School for Recertification course information.

Registration

1. Complete the MV-501 application.
 2. Complete Dauphin County Technical School Adult Education Application.
 3. Send applications and check payable to "Dauphin County Technical School", money order or credit card (Visa/MasterCard) to
Dauphin County Technical School
Adult Education Office
6001 Locust Lane
Harrisburg, PA 17109
 4. Bring your current operator's license to all classes
- Note: Fees are NOT refundable once instruction has begun

Deadlines

- Registration must be completed no later than the Friday before the first night of class
- Retakes for the written and/or CBT must be paid for and scheduled no later than the day before the written and/or CBT is given (which is the last class in the course).

Fee Schedule

Complete Certification Program ----- \$195.00

- Textbook, materials, and practice Computer Based Training CD (CBT)
- 15 hours of theory
- 1 hour for written exam
- 1 hour for CBT

Re-Take Written and/or CBT ----- \$40.00

One re-take is allowed for each failure. If a second failure occurs, the entire course must be taken again. Passing grades are valid for one (1) year.

Class Schedule

Tuesdays & Thursdays, 5:30pm – 9:30pm

June 11, 16, 18, 23

August 4, 6, 11, 13

October 6, 8, 13, 15

December 1, 3, 8, 10

2010

February 9, 11, 16, 18

April 13, 15, 20, 22

June 8, 10, 15, 17

For further information contact:

Adult Education Office
Phone: (717) 652-3170, Option 4
Fax: (717) 652-0526
workforcedev@dcts.org
www.dcts.org

The Dauphin County Technical School is an equal education institution and will not discriminate on the basis of race, color, national origin, sex and/or handicap in its activities, programs or employment practices as required by Title VI, Title IX and Section 504. For information regarding civil rights or grievance procedures contact the Title IX Coordinator or the Section 504 Coordinator at 6001 Locust Lane, Harrisburg, PA 17109-5699, Telephone (717) 652-3170. For information regarding services, activities and facilities that are accessible to and usable by handicapped persons, contact the Administrative Director.



**Dauphin County Technical School
Adult Education Application**

Course Name: _____ **Course Date:** _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone (h) _____ **(w)** _____ **(c)** _____

Resident School District: _____ **Email:** _____

Course Materials (If applicable):
 I will pick up at the first class
 I will pick up at DCTS (M-F 8am-4pm)
 Send via Postal Service (please call for Postal Fee)

Office Only Use	
Payment	
Confirmation Date	

Amount of Payment Enclosed : _____

I understand the following:

- No refunds will be granted after class has begun
- The Dauphin County Technical School is not liable for damage to any of my personal property or for bodily injury self-inflicted or inflicted by another student.

Applicant Signature _____ **Date** _____

The following optional information is requested to complete State and Federal reports. These reports allow us additional funding to keep the cost of our programs consistently affordable to the public.

Sex: _____ Male _____ Female

Race: _____ American Indian/Alaskan Native _____ Black _____ Hispanic
 _____ Asian/Pacific Islander _____ White (Non-Hispanic)

Special Population: _____ Displaced Homemaker _____ Economically Disadvantaged
 _____ Educationally Disadvantaged _____ Individual with Disability
 _____ Limited English Proficiency _____ Single Parent

**PA Emission Certification
CLASS REGULATIONS AND REQUIREMENTS**

I understand that:

- **I am required to attend a minimum of 16 hours of classroom theory**
- **I must arrive on time for class**
- **I am required to bring my manual/textbook to each class**
- **I am required to attain a minimum of 80% on the written exam**
- **I am required to attain a passing grade on the CBT (computer-based test)**
- **I must notify the Workforce Development Office at the Dauphin County Technical School prior to the first night of class if I am unable to attend.**
- **Failure to notify the school will result in an additional fee to re-register for a later class.**
- **If Dauphin County Technical School is closed due to inclement weather or other unforeseen reason, notification will be made via major radio and TV stations and class will be rescheduled at no extra cost.**

Signature _____

Print Name _____

Date _____

MV-501 (01-02)



APPLICATION FOR CERTIFICATION OR RECERTIFICATION OF OFFICIAL EMISSION INSPECTOR CERTIFICATION (PLEASE TYPE OR PRINT INFORMATION)

BUREAU OF MOTOR VEHICLES Send to: ASPIRE, Inc. 925 Lincoln Highway Morrisville, PA 19067

MUST BE SUBMITTED TO AN APPROVED EDUCATIONAL INSTITUTION

Applicant must be 18 years of age and have a valid Pennsylvania photo driver's license. Out of state applicant must provide a valid out-of-state driver's license. Applicant must also complete a lecture course at an approved educational institution, pass a written test, and satisfactorily demonstrate the ability to emission inspect a vehicle.

Batch No.

School's Student ID#

Form with fields: DRIVER/I.D. NO., STATE *, LAST NAME, FIRST, MI, BIRTH DATE, STREET - Current address - Card will be mailed here, CITY, STATE, COUNTY, ZIP CODE

* If applicant has a valid out-of-state driver's license, attach and submit a copy with this form.

Is the address on this form the same as the address on driver's license? [] YES [] NO
If no, change of address for CDL license holders must be submitted on form DL-80CD prior to completion of class.
Do you read, write and understand the English language? [] YES [] NO
Restrictions/Classes (if any listed on applicant's driver's license) _____
Have you ever been suspended as an official inspection mechanic? [] YES [] NO

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.

() Work Telephone Number

Applicant's Signature in Ink

() Home Telephone Number

Print Name in Ink Exactly as it Appears on Driver's License

Form with fields: School Vernis No., School Name, Instruction Date(s), Instructor's No., Instructor's Name

This application is for (please check one):

NOTE: Allow two weeks from test date until you receive your card.

- [] CERTIFICATION CBT PROGRAM
[] RECERTIFICATION PROGRAM

Instructor(s) verifying identification and/or training/certification shall sign this document and list his/her instructor number.

X SIGNATURE NUMBER

X SIGNATURE NUMBER

FORM MAY BE PHOTOCOPIED