



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

**Program Summary**

Re-certification for Emissions Inspectors is required every 2 years. The objective of this 3-1/2 hour Emissions Inspector Re-Certification course is to update the inspector in OBDII and Visual regulations, current recording requirements, and common violations by stations and inspectors. Information will be presented on all Pennsylvania regions relative to vehicles subject to emission inspection as well as regions requiring Visual Inspection for the Safety Program.

**Topics to be Discussed:**

- Exemptions
- Altered Engine Vehicles
- Gas Cap Test Procedures
- Malfunction Indicator Light (MIL)
- Emission Sticker Procedures
- Waiver Procedures
- Performing Visual Inspections

The course will involve theory and demonstrations followed by a 35-question written multiple-choice test.

**Registration**

1. Complete the MV-501 (application)
2. Complete Dauphin County Technical School Adult Education Application
3. Send application 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 class.
- Retakes for the written test must be paid for and scheduled no later than the Friday before the class.

**Fee Schedule**

Re-Certification Program ----- \$85.00

- Textbook, materials, exam

Re-Take Written Exam -----\$40.00

**Class Schedule**

**Wednesdays 5:30 pm –9:30 pm**

**2009**

June 10  
 July 15  
 August 12  
 September 9  
 October 14  
 November 11  
 December 9

**2010**

January 13  
 February 10  
 March 10  
 April 14  
 May 12  
 June 1

**For further information contact:**

Adult Education Office  
 Phone: (717) 652-3170, Option 4  
 Fax: (717) 652-0526  
[workforcedev@dcts.org](mailto:workforcedev@dcts.org)  
[www.dcts.org](http://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** \_\_\_\_\_

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 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

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