



**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, written examination, and computer-based test (CBT). Test results will be forwarded to DELPHI, 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 your Inspector Certification ID Card. **You cannot perform emissions inspections 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.

<u>Emission Inspection Certification Dates</u>	
2011	2012
August 9, 11, 16, 18	February 7, 9, 14, 16
October 11, 13, 18, 20	April 10, 12, 17, 19
December 6, 8, 13, 15	June 5, 7, 12, 14
All Classes are Tuesdays & Thursdays, 5:30-9:30 pm	

<u>Fee Schedule</u>	
Complete Certification Program	\$195
Retakes for CBT or Written Exam (each)	\$40
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.	

Registration: Must be completed the Friday before the 1st night of class.

1. Complete and sign the MV-501, DCTS Adult Education Application, and Class Regulation forms.
2. 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
3. Bring your current operator's license to all classes

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.

**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 _____



**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#

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

School Vernis No. 4030	School Name Dauphin County Technical School
Instruction Date(s)	Instructor's No. Instructor's Name

This application is for (please check one):

CERTIFICATION CBT PROGRAM

RECERTIFICATION PROGRAM

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

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

X _____	_____	X _____	_____
SIGNATURE	NUMBER	SIGNATURE	NUMBER



Dauphin County Technical School Adult Education REGISTRATION FORM

(Please Print)

Class Name		Date	
STUDENT ENROLLMENT INFORMATION			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last name:	First: _____ Middle: _____
Email :		Birth date:	Sex:
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Home phone :	Cell phone:
		()	()
P.O. box:	City:	State:	ZIP Code:
Employer(Optional):		Work phone:	
		()	
How did you hear about DCTS?		<input type="checkbox"/> I am a former student	<input type="checkbox"/> Employer <input type="checkbox"/> Radio
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other
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	

DEMOGRAPHIC INFORMATION					
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.					
Race:	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black, Non Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial
Special Population:	<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Economically Disadvantaged	<input type="checkbox"/> Educationally Disadvantaged	<input type="checkbox"/> Individual With Disabilities	<input type="checkbox"/> Limited English Proficiency
	<input type="checkbox"/> Single Parent				

OFFICE USE ONLY	
Payment	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash/MO <input type="checkbox"/> VISA/MasterCard <input type="checkbox"/> Invoice
Confirmation Date	Picked Up Materials Before Class
/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

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