

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#

Table 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

Table 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