



**SAFETY INSPECTION MECHANIC  
CERTIFICATION PROGRAM**  
Certified by  
**Pennsylvania Department of Transportation**

**Program Summary**

This program leads to Safety Inspection Mechanic certification by the Pennsylvania Department of Transportation. It contains classroom instruction, special category instruction, written examination, tool clinic, and tactile examination for each special category

You will be notified of the date and time for the Tactile Examination during the Tool Clinic portion of the course. Upon successful completion of your Tactile Examination, your records will be forwarded to the Pennsylvania Department of Transportation along with a recommendation for certification. This certification is issued by the PA Department of Transportation, NOT the Dauphin County Technical School. You should receive your Safety Inspection Identification Card within three (3) weeks. *YOU CANNOT INSPECT VEHICLES WITHOUT THIS CARD.*

**Registration**

1. Complete the MV-409 (application)
  2. Complete Dauphin County Technical School Adult Education Application
  3. Sign and date PA Safety Inspection Class Regulations and Requirements
  4. Send applications, Regulations sheet 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
  5. Bring your current operator's license to all classes
- Note: Fees are NOT refundable once instruction has begun

**Registration Deadlines**

- Registration must be completed no later than the Thursday before the first class night.
- Re-takes for the Tactile Examination must be scheduled and paid for no later than the Tuesday preceding the exam date. You will not be scheduled unless you have registered and paid.

**Fee Schedule**

**Complete Certification Program -----\$170.00**

**Additional Special Category (each) ----- \$40.00**

**Note: If you are licensed in one of the categories listed below and wish to obtain a license in an additional category you will be charged for a written and tactile test plus the cost of a Safety Instruction Manual (\$10.00).**

**Exam retakes (per test) ----- \$40.00**

**Special Categories:**

**Category I**

- Passenger cars
- Trailers 3,001 – 10, 000 pounds
- Trucks up to and including 17,000 pounds

**Category II**

- Motorcycles

**Category III**

- Trailers in excess of 10,000 pounds
- Trucks in excess of 17,000 pounds
- All truck trailers

**Class Schedule:**

**5:30-9:30pm each night**

**Baseline**

July 7, 9, 14  
September 8, 10, 15  
November 10, 12, 17

**Tool Clinic & Review**

July 16  
September 17  
November 19

**Tactile (begins at 7:00am)**

July 18  
September 19  
November 21

**2010**

January 12, 14, 19  
March 9, 11, 16  
May 4, 6, 11

January 21  
March 18  
May 13

January 23  
March 20  
May 15

**DCTS offers Emissions Inspector and Emissions Recertification courses. For further information on all automotive programs offered, please 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.

## **Safety Inspection Clinic Topics**

### **Use of a micrometer**

- **Standard micrometer in inches**
- **Safety Inspection approved micrometer**
- **Exposure to digital micrometers**
- **Conversion information from inches to metric**

### **Use of Brake measuring equipment**

- **Bonded brake gauge**
- **Riveted brake gauge**
- **Brake drum measuring equipment – Mechanical and Digital**
  - ❖ **Passenger Cars**
  - ❖ **Heavy Trucks**

### **Use of ball joint measuring equipment for passenger cars and light trucks including proper jacking instructions**

### **Use of steering king pin measuring equipment for heavy trucks including proper use of air jacks**

### **Use of new required headlight aiming equipment- choice of :**

- **Symtech**
- **Sniper**
- **Hoppy Vision I**
- **Hoppy Vision 100**
- **Marquette**
- **Headlight Screen**

### **General exposure to DCTS Auto/Diesel shop equipment**

**PA SAFETY INSPECTION CERTIFICATION  
CLASS REGULATIONS AND REQUIREMENTS**

**I understand that:**

- **I am required to attend a minimum of 11 hours of classroom theory**
- **I am required to attain a minimum of 70% in the baseline test as well as all category tests**
- **I am required to wear a shirt with sleeves, long trousers, hard sole shoes, and safety glasses during the tactile test**
- **I am required to complete the written test in one (1) hour with and additional 15 minutes for each additional category**
- **I am required to complete the hands-on tactile within one (1) hour for each selected category**

**I am required to notify the Adult Education Office at the Dauphin County Technical School prior to the Tool Clinic and/or Tactile Examination if I am unable to attend either. I understand that an additional fee of \$40 per test will be required for all exam reschedules and retakes.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



**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

**MV-409 (10-03)**

Bureau of Motor Vehicles  
 Vehicle Control Division  
 P.O. Box 68697  
 Harrisburg, PA 17106-8697

## APPLICATION FOR CERTIFICATION OF OFFICIAL VEHICLE SAFETY INSPECTOR

**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 6-8 weeks from your ending class date. 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.

LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH DATE	OPERATOR'S NUMBER	STATE
STREET ADDRESS		CITY		STATE	COUNTY	ZIP CODE
WORK TELEPHONE NUMBER		HOME TELEPHONE NUMBER			SOCIAL SECURITY NUMBER	

Restrictions (If any, listed on Applicant's operator's license)? \_\_\_\_\_

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

Do you currently hold a valid Out-of-State driver's license?  Yes  No (If yes, attach copy.)

What class(es) is/are listed on your driver's license? \_\_\_\_\_

Do you currently hold a valid CDL 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 IN INK

SCHOOL NAME	SCHOOL VEMIS NO. (4 DIGITS)
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INSTRUCTION DATES (mm/dd/yy)	INSTRUCTOR'S NUMBER
FROM: _____	TO: _____

WRITTEN TEST SCORE (IN PERCENTAGE)				TACTILE TEST RESULTS "PASS" OR "FAIL"			Instructor's No's Giving Test						FILL IN BELOW		
BASE TEST	SPECIAL CATEGORY			TAC 1	TAC 2	TAC 3	BASE TEST	WRITTEN TEST			TACTILE TEST				
	CAT 1	CAT 2	CAT 3					CAT 1	CAT 2	CAT 3	CAT 1	CAT 2	CAT 3		

**Recommended to receive certification card**  Yes  No

Instructor(s) providing course instruction and/or testing results shall sign this document and list his/her instructor's number.

Director of Vocational Education or Program Director's/Supervisor's Signature

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_