



**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 12, 14, 19,
September 13, 15, 20
November 8, 10, 15

Tool Clinic & Review

July 21
September 22
November 17

Tactile (begins at 7:00am)

July 23
September 24
November 19

2012

January 10, 12, 17
March 13, 15, 20
May 8, 10, 15

January 19
March 21
May 17

January 21
March 23
May 19

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
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 an 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 _____



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
	<input type="checkbox"/> White, Non Hispanic				
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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