



| FOR OFFICE USE ONLY | | | | | |
|---|-----|--------|-----|-----|-----|
| CIA | CIO | CIC | CIS | CIG | CID |
| Certificate Number | | County | | | |
| CIRCLE ONE: OE ADD | | | | | |
| Note: Check or money order must be attached to enter OE or ADD | | | | | |
| Group(s) | 1 | 2 | 3 | | |
| | A | A | A | A | |
| | | Y | N | | |
| <input type="checkbox"/> Address Change | | | | | |
| TEST RESULTS | | | | | |
| Group(s) | 1 | 2 | 3 | | |
| | P | P | P | P | |
| | F | F | F | F | |
| | N | N | N | N | |
| | W | W | W | W | |
| | Y | N | N | Y | |

◆ **FOR ORIGINAL APPLICATIONS:** Answer **ALL** questions on **Page 1 and Page 2** that apply to you, and **SIGN** the application on **PAGE 2** or it will be returned to you for completion. You **MUST** be at least 17 years old and have **AT LEAST ONE YEAR OF MOTOR VEHICLE REPAIR EXPERIENCE** in the last 5 years immediately preceding this application, in the area in which you apply to be certified, or you must provide a copy of an acceptable school diploma in vocational motor vehicle trades. When your application is approved, DMV will notify you by mail of the date, time and location of the inspector training class. You **MUST** present photo ID at the class as proof of identity. If you have difficulty reading or understanding written material, please contact the office identified at the bottom of page 2 of this form.

◆ **FOR AMENDMENT AND DUPLICATE APPLICATIONS:** Answer questions 1-21 and **SIGN** in #25.

◆ **REQUIRED FEES**

Non-refundable application fee (\$10) and three-year certification fee (\$15).
Make check or money order for \$25 payable to the Commissioner of Motor Vehicles. You MUST send your check with this application. Starter checks are not accepted.

1♦ Check type of application: ORIGINAL AMENDMENT (No Fee) DUPLICATE (No Fee)

2♦ Have you ever applied for or taken a test to become a Certified Motor Vehicle Inspector? Yes No

3♦ Have you ever been a Certified Motor Vehicle Inspector and/or Body Damage Estimator?
 Yes No If "Yes," please write your Certification No. _____

4♦ Check all certification groups for which you are applying.

- Group 1** (Allows an individual to conduct safety, diesel emissions, OBDII emissions, and low enhanced emissions inspections of motor vehicles that have a seating capacity under fifteen passengers, and motor vehicles and trailers that have a MGW under 18,001 pounds, except motorcycles and semi-trailers)
- Group 2** (Allows an individual to conduct safety and diesel emissions inspections of motor vehicles that have a seating capacity over fourteen passengers, motor vehicles and trailers that have a MGW over 18,000 pounds, and semi-trailers, except motorcycles)
- Group 3** (Allows an individual to conduct safety inspections of motorcycles)

Please **print** or **type** in the open spaces next to the arrows.

| | | | | |
|---|-------|---------------|--|---|
| 5♦ LAST NAME | FIRST | M.I. | 6♦ DATE OF BIRTH Month / Day / Year | 7♦ SEX Male <input type="checkbox"/> Female <input type="checkbox"/> |
| 8♦ MAILING ADDRESS (Include Street No., Rural Delivery and/or Box No.) | | | 9♦ HEIGHT Feet Inches | 10♦ EYE COLOR |
| 11♦ STREET NAME | | APT. NO. | 12♦ HOME TELEPHONE (Include Area Code) () | |
| 13♦ CITY OR TOWN | | STATE | ZIP CODE | 14♦ COUNTY |
| 15♦ HOME ADDRESS (If Different From Mailing Address) NUMBER AND STREET (Include Street No., Rural Delivery and/or Box No.) | | APARTMENT NO. | CITY | STATE ZIP CODE |

16♦ Has your address changed since your last certification was issued? Yes No

CLIENT IDENTIFICATION NUMBER (From New York State driver license or non-driver ID)
NOTE: Failure to provide a valid Client ID number will prevent issuance of a Certified Inspector card.

17♦

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|--|--|--|--|--|--|--|--|--|--|

Check this box if you do not currently have a New York State driver license or non-driver ID. A form (ID-5 VSCI) will be mailed to you with instructions on how to obtain a Client ID number.

PLEASE CONTINUE, AND SIGN ON PAGE 2.



| | | |
|--------------------------------------|---------------------------|---|
| 18 PRESENT EMPLOYER | 19 FACILITY NUMBER | 20 BUSINESS TELEPHONE NUMBER () |
| BUSINESS ADDRESS (NUMBER AND STREET) | CITY | STATE ZIP CODE |

22 **FOR ORIGINAL APPLICATIONS ONLY**
 Have you ever been convicted of any felony, misdemeanor or improper motor vehicle inspection?
 Yes No If "YES," give details below: *(Applicants will not necessarily be rejected because of a conviction record. Such applications will be reviewed on an individual basis.)*

| Date of Violation | Nature of Violation | Date of Conviction | Disposition & Fine | Court Location |
|-------------------|---------------------|--------------------|--------------------|----------------|
| | | | | |
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23 **FOR ORIGINAL APPLICATIONS ONLY**
 By month and year, list the dates of all your motor vehicle repair experience. You must have at least one year of motor vehicle repair experience in the last five years **immediately preceding** the date of this application. Attach additional sheets if necessary.

| Dates (From - To) | Employer's Name and Address | Describe Type of Repairs Performed <i>(be specific)</i> |
|-------------------|-----------------------------|---|
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24 **FOR ORIGINAL APPLICATIONS ONLY**
 List any trade school, vocational school, or other motor vehicle repair courses taken. Only approved schools are acceptable. You must provide a **COPY** of your diploma if you have less than one year of work experience.

| Dates Attended | School Name and Address | Type of Course | Degree, Diploma or Certificate |
|----------------|-------------------------|----------------|--------------------------------|
| | | | |
| | | | |

Section 304(a) of the Vehicle & Traffic Law provides for the certification of motor vehicle inspection personnel. A Certified Inspector agrees to comply with the rules and regulations promulgated by the Commissioner of Motor Vehicles. Failure to comply with these rules and regulations may result in the revocation of this certification.

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

25 **NAME** (PLEASE PRINT) _____

SIGNATURE _____ **Date** _____
(Sign Name in Full - DO NOT PRINT - No Nicknames)

◆ **SEND APPLICATION AND CHECK TO:**
 BUREAU OF CONSUMER AND FACILITY SERVICES
 Attn: Certification Unit
 PO Box 2700
 Albany NY 12220-0700
 Telephone (518) 474-7998

NOTE: Notify this office of any change in your address.

