

VERMONT DEPARTMENT of MOTOR VEHICLES

120 State Street
 Montpelier, Vermont 05603-0001
 802.828.2094
 www.dmv.state.vt.us

**APPLICATION FOR VERMONT
 INSPECTION MECHANIC
 CERTIFICATION**

CERTIFIED INSPECTION MECHANICS REQUIRED-23 V.S.A. § 1227:

- (a.) Periodic inspections may be performed only by mechanics that have been certified by the commissioner; provided that an uncertified person employed as an inspection mechanic may perform inspections during the first 30 days that he/she is employed by the inspection station.
- (b.) A person who applies for certification under this section shall complete an application form prescribed by the commissioner, shall be at least 18 years of age, and shall pass an examination based on the official inspection manual for each type of vehicle to be inspected.
- (c.) Applicants for certification under this section shall be examined on the inspection requirements for each type of vehicle to be inspected. Upon satisfactory completion of the examination, the commissioner shall issue a certification which shall remain in effect until surrendered, suspended or revoked.

Application Type:	Certification Requested For: (Check mark all that apply)
<input type="checkbox"/> Examination Required for Certification (Request for Exam)	<input type="checkbox"/> Car/Truck/Trailer/ Motorbus <input type="checkbox"/> Motorcycle/ Moped <input type="checkbox"/> School Bus

Driver Lic # or Personal ID #: (Required)	State:
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Last Name:	First Name:	M.I.:
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Mailing Address: (Street/Box #):

City/Town:	State:	Zip Code:
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<small>If other Than Mailing Address Or If Mailing Is A P.O. Box Legal Residence: (Street:) (City/Town:) (State:)</small>
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Date of Birth:	Social Security Number:
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Place of Birth: (City/Town, State)	E-Mail Address:
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By law (32 V.S.A. § 3113) no agency of the State may renew a license unless the licensee first certifies , under penalties of perjury, that he or she is in good standing with the Department of Taxes. A person is in good standing if no taxes are due and payable and all returns have been filed, if the liability for any tax that may be due is on appeal, if the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or if the licensing authority determines that immediate payment of taxes due and payable would pose an unreasonable hardship.

Are you in good standing with respect to, or in full compliance with, a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont?

- Yes** **No (Answer Required)** If no; you must do one of the following before a certificate will be issued:
- (a.) Arrange with the Vermont Department of Taxes to bring you into good standing with the Commissioner of Taxes by contacting the Director of Operations, Vermont Department of Taxes, Montpelier, VT 05602, Telephone (802) 828-2518.
 - (b.) Seek a determination through a hearing process that immediate payment of taxes due and payable would impose an unreasonable hardship upon you. You may request a hearing by contacting the Transportation Policy & Hearings Section, Vermont Agency of Transportation, 133 State Street, Montpelier, VT 05603-0001, Telephone (802) 828-2016.

In accordance with 15 V.S.A. Section 795, **are you in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date this application is signed?**

Yes **No (Answer Required)** A certificate will not be issued without full compliance with the above. Please direct questions to the Vermont Office of Child Support at 1-800-786-3214.

I certify that the statements herein are true. This declaration made under penalties of 23 V.S.A. § 201.

Applicant Signature:	
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INSPECTION STATION CERTIFICATION

I certify that _____ has been employed as an automotive mechanic at this station from _____ to _____ and has performed inspections for the required 30 days.

I certify that he/she is competent to perform inspections as required by the Vermont Periodic Inspection Manual.

Signature:	Date:
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Official Inspection Station Name:	VT Inspection Station No.:
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Address:

DMV USE ONLY

Certificate #:	Date Issued:	Rater #:	<input type="checkbox"/> DOC LOC ONLY
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