



Vermont Inspection Mechanic Certification Examinations

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

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Mark an X through the correct answers on this answer sheet only, T for true or F for false.

Name of Test: _____ Date: _____
(Cars/Trucks, School Buses, or Motorcycles) (MM / DD / YY)

- 1. T F 14. T F 27. T F
2. T F 15. T F 28. T F
3. T F 16. T F 29. T F
4. T F 17. T F 30. T F
5. T F 18. T F 31. T F
6. T F 19. T F 32. T F
7. T F 20. T F 33. T F
8. T F 21. T F 34. T F
9. T F 22. T F 35. T F
10. T F 23. T F (End of School Buses Test)
11. T F 24. T F (End of Motorcycles test)
12. T F 25. T F 37. T F
13. T F 26. T F (End of Cars/Trucks Test)
38. T F

Applicant's Signature: _____

Printed Name: _____
Mailing Address: _____

Date of Birth: _____
Telephone #: _____

Examiner: _____ Passed _____ Failed _____
Date: _____