



APPLICATION FOR CERTIFICATION AS A MOTOR VEHICLE INSPECTOR

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...

FOR AMENDMENT AND DUPLICATE APPLICATIONS: Answer questions 1-23 and SIGN in #26.

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.

FOR OFFICE USE ONLY table with columns CIA, CIO, CIC, CIS, CIG, CID and rows for Certificate Number, County, CIRCLED ONE (OE, ADD), TEST RESULTS, and Group(s).

- 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
4 Check all certification groups for which you are applying. Group 1, Group 2, Group 3, Group D

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

Form with fields for LAST NAME, FIRST, M.I., DATE OF BIRTH, SEX, MAILING ADDRESS, HEIGHT, EYE COLOR, STREET NAME, APT. NO., HOME TELEPHONE, CITY OR TOWN, STATE, ZIP CODE, COUNTY, HOME ADDRESS, APARTMENT NO., CITY, STATE, ZIP CODE.

16 Has your address changed since your last certification was issued? Yes No
17 CLIENT IDENTIFICATION NUMBER (From New York State driver license or non-driver ID) NOTE: Failure to provide a valid Client ID, will prevent issuance of a Certified Inspector card. Check this box if you do not currently have a New York State driver license or non-driver ID.

PLEASE CONTINUE, AND SIGN, ON PAGE 2



18 PRESENT EMPLOYER	19 FACILITY NUMBER	20 BUSINESS TELEPHONE NUMBER ()
21 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

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>

24 **FOR ORIGINAL APPLICATIONS ONLY**
 List any trade school, vocational school, or other motor vehicle repair courses taken. Only approved schools are accepted. 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 303(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.

