

Station Application Check List

Upon submission of the station information packet, **ALL** items below must be included. If information is incomplete, your packet will be rejected. You will receive a letter notifying you of the deficiency. Additionally, included in the packet is an instruction sheet detailing how to complete **Form MV-427**.

- Form MV-427** If applying for a safety inspection and emission inspection, you must complete one form for safety and a separate form for emission. (Do NOT check both safety and emissions on the same form. One form should only specify SAFETY and the other form, if necessary, should only specify EMISSIONS.)
- Form MV-427A** (Must complete two separate forms if applying for a safety and emission inspection station.)
- Form MV-443** List of certified safety inspectors (include inspector number.)
- Form MV-516** List of certified emission inspectors (include inspector number.)
- If you have completed section E, Letter of Authority, on **Form MV-427** and the person listed in section E is not listed on the **Form MV-427** as owner or is not listed as an owner/corporate officer on **Form MV-427A**, you must include a separate document to provide that person's name and driver's license number with the packet. (If you are providing an out-of-state driver's license number, you must also provide date-of-birth with the information.)
- Form MV-500**
- Certificate of liability insurance or bond: Attach proof of insurance or a bond, in the minimum amount of \$10,000.00, providing compensation for any damage to a vehicle during an inspection. A "Garage Keeper's Legal Liability Policy" is acceptable. This proof of insurance or bond **MUST** include station name, physical location, and amount of coverage and period of coverage.
- The insurance policy must list PennDOT as the Certificate Holder, or the insurer may provide an Amendment of Cancellation Provision or Earlier Notice of Cancellation, whichever the insurer uses as notification to PennDOT of any lapse of coverage. Notice of cancellations should be sent to the address below.
- Copy of lease or deed.
- Copies of utility bills (most recent electric and phone bill).
- Photos of the interior and exterior of the inspection area, sticker security area, and office area.
- Must have a valid Employer Identification Number (EIN) or Social Security Number (SSN).
- Must have a valid State Sales Tax Number. (If your sales tax number was revoked or you are on a payment plan, please have the Department of Revenue provide notification of same.)
- Copy of **Pub 45, Vehicle Equipment and Inspection Regulations** available on the PennDOT website:
http://www.dmv.state.pa.us/pdotforms/pub_45/PUB-45.pdf

- Tools and Equipment Required for Performing Inspections (in accordance with §175.26 of Pub 45) to include:
- Hammers – a ball-peen hammer, one plastic or brass hammer and one rubber hammer;
 - A workbench;
 - A portable light;
 - Socket sets;
 - Assorted open end and box end wrenches;
 - Torque wrenches – foot-pound and inch-pound;
 - Screw drivers – assorted;
 - Pliers – assorted;
 - Test light – continuity tester;
 - Floor stands – four;
 - Floor jack OR hoist – wheels shall spin freely;
 - Tire pressure gauge;
 - Brake drum gauges;
 - Micrometer gauges OR thickness gauges, with measurements in 1/1000 inch, capable of measuring both the range of rotor thickness and the depth of the scores;
 - A ball joint gauge – not required for recreational, utility, and motorcycle stations;
 - A tread depth gauge capable of indicating amount of usable tire tread in increments of 1/32 inch;
 - A brake-lining gauge capable of indicating the amount of usable lining on both riveted and bonded lining in increments of 1/32 inch;
 - An approved headlight testing device – SAE approved No. J600a for photo-electric type and No. J602c for mechanical aimers. Not required for recreational and utility trailer stations; and
 - A paper punch with a minimum diameter or width of ¼ inch and a maximum diameter or width of 3/8 inch.

****Photos of the required tools must be submitted with application.**

- Hours (in accordance with §175.27)

Photograph of posted hours showing the business is open for business a minimum of 40 hours, Monday through Friday, between 7 a.m. and 5 p.m.

The completed packet should be mailed/emailed to:

Pennsylvania Department of Transportation
Vehicle Inspection Division
P.O. Box 68696
Harrisburg, PA 17106-9003
ATTN: Troy Roadcap, Manager
EMAIL: stationappointments@pa.gov

MV-427
INSPECTION STATION APPLICATION
INSTRUCTIONS

USE: This application should be completed when applying for a new inspection station, and when any changes occur to an existing station, such as; change of location, change of ownership, and reappointment after a suspension, etc.

COMPLETION OF FORM: When properly completed and approved, this application will serve as your appointment certificate. Please use black ink and print clearly or type. PROVIDING FALSE, INACCURATE, OR INCOMPLETE INFORMATION WITHIN THE APPLICATION AUTOMATICALLY INVALIDATES THIS CERTIFICATE.

Section A: Indicate the reason for this application.

- New inspection station: A business which is not currently an inspection station.
- Re-appointment After Cancel: A previously cancelled station reopens. (WRITE THIS REASON IN THE BLOCK MARKED "OTHER") NOT APPLICABLE FOR PREVIOUS ENHANCED EMISSION STATIONS.
- Re-appointment: A business that had its inspection privileges suspended and wishes to reopen as an inspection station after the suspension has been served.
- Change of Location: An existing inspection station that is moving to a new location or is remodeling the existing location to provide additional space.
- Change of Ownership: When a new owner(s) takes over an existing inspection station or when a corporation changes President and the person was never listed as a Corporate Officer in the past. (WRITE THIS REASON IN THE BLOCK MARKED "OTHER")
- Change of Authority within a Company or a Corporation: When a person in charge of an inspection station changes, but the ownership of the company remains the same. (Section D should be completed at this time.)
- Change of address: When the business address of the station is being changed by the United States Post Office, or other agency.
- Company to Corporation: A sole proprietorship or partnership incorporates. (WRITE THIS REASON IN THE BLOCK MARKED "OTHER").
- Change of Trade Name: An existing inspection station making a name change only. (See Company to Corporation above if the station is incorporating).
- Adding or changing a station type: When a general station adds motorcycle, a fleet station changes to a general station and vice versa. (WRITE THIS REASON IN THE BLOCK MARKED "OTHER").
- Add or Drop Partner: When a business adds or drops a partner(s). (WRITE THIS REASON IN THE BLOCK MARKED "OTHER").

Section B: Complete this section with the following information.

- **Name of Business:** Indicate the name under which you will operate. (list both names if you trade under a different name; ie. Smith's Garage, inc. T/A Mike Smith Automotive.
- **Business street address:** Indicate the actual location of the business. Must be a street address, no post office boxes in this space. If you want to use a PO Box, complete the mailing address box in this section.
- **Telephone number:** Provide the business telephone number including area code.

- **Owner's name:** List the owner of the business. If business is a partnership list on partner. If the business is a corporation, list a corporate officer. A regional or district manager is also acceptable.

Section C: This section provides additional information about your business.

- Indicate if you are the sole proprietor, a partnership, or a corporation. (Commonwealth stations should check corporation).
- Indicate your Federal ID number and State Sales Tax number in the appropriate boxes.
- Indicate the size of the Inspection area where inspection are performed (ie. 22ft x 28 ft or if more than one bay, e.g., Bay 1 22ft x 28 ft Bay 2 22ft X 62 ft, etc.)
- Indicate the one category most appropriate for your business.
- Indicate the type(s) of station you wish to operate which should coincide with the type(s) of vehicles you will be inspecting. If applying for a safety station and an emission station you must complete a separate application for each type. (Do not mark safety and emission on the same application).
- Indicate the type(s) of station you wish to operate and check the appropriate box(es) for any type(s) of vehicles you will be inspecting at your business.

Section D: This section should be completed by the owner or a corporate officer **ONLY** when a person **OTHER THAN** an owner or a corporate officer is responsible for operating the business in the owner/corporate officer's behalf.

IMPORTANT: PRINT ALL PARTS OF SECTION D, EXCEPT for the signature of the owner/corporate officer.

Section E: DO NOT WRITE IN THIS SPACE.

Section F: The application must be signed by the owner/corporate officer at the time of application submission. **IN THOSE CASES WHERE SECTION D HAS BEEN COMPLETED, THE PERSON AUTHORIZED BY THE OWNER/CORPORATE OFFICER MUST SIGN THE APPLICATION.**



INSPECTION STATION CERTIFICATE OF APPOINTMENT

Please type or print clearly. This application will serve as your certificate.

A	CHECK ✓ THE PROPER BLOCK: <input type="checkbox"/> New Inspection Station <input type="checkbox"/> Re-Appointment <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Authority within a Company or a Corporation <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Trade Name <input type="checkbox"/> Other _____
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B	NAME AND ADDRESS OF BUSINESS Name of Business _____ Business Street Address _____ City _____ County _____ State _____ Zip Code _____ Telephone Number _____ Owner's Name _____
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C	BUSINESS INFORMATION	CHECK (✓) OWNERSHIP CLASS: <input type="checkbox"/> Sole Proprietorship (A) <input type="checkbox"/> Partnership (B) <input type="checkbox"/> Corporation (C)
	Federal ID Number _____ State Sales Tax Number _____	Size of Inspection Area _____ Number of Bays _____
	Category Check (✓) One: <input type="checkbox"/> Garage (A) <input type="checkbox"/> Manufacturer (E) <input type="checkbox"/> Gas Station (B) <input type="checkbox"/> Dealer (C)	
	Station Type: <input type="checkbox"/> Motorcycle (A) <input type="checkbox"/> Fleet (C) <input type="checkbox"/> Safety (E) <input type="checkbox"/> Enhanced Safety Inspection (J) <input type="checkbox"/> Commonwealth (F) <input type="checkbox"/> Emission (X) <input type="checkbox"/> Trailer (D)	
	Type of vehicles you will be inspecting: <input type="checkbox"/> Passenger Cars <input type="checkbox"/> Light Trucks <input type="checkbox"/> Trailers 10,000 lbs or less <input type="checkbox"/> Trucks 17,000 lbs. or less <input type="checkbox"/> Buses <input type="checkbox"/> Motorcycles <input type="checkbox"/> Trailers over 10,000 lbs. <input type="checkbox"/> Trucks over 17,000 lbs.	

D	LETTER OF AUTHORITY This letter authorizes _____ <div style="text-align: center; font-size: small;">Print Name of Person Signing the Application</div> _____ <div style="text-align: center; font-size: small;">Title</div> _____ to be responsible for all inspection operations performed at the above station. _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Owner or Officer Date </div> _____ <div style="text-align: center; font-size: small;">Title</div>
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E	CERTIFICATION Certificate of Appointment as an Official Inspection Station Pursuant to the provisions of the Vehicle Code, 75 Pa.C.S. Sections 4721, 4723 or 3368, Act of June 17, 1976, No. 81, as amended. <div style="text-align: center; margin: 10px 0;"> </div> This certificate may be suspended or cancelled at any time if the provisions of the Vehicle Code or the inspection regulations are not being complied with or if business is being improperly conducted. Any change that affects the operation of an Official Inspection Station automatically invalidates this certificate.
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F	Application Date: _____ Appointment Date: _____	Inspection Station # _____
I verify that the facts set forth on this application were checked after the completion of the form and are true and correct. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to Unsworn Falsification to Authorities.		
Applicant Signature _____		Title _____
Name of Quality Assurance Officer _____	Assigned County _____	Badge Number _____

***Form not valid without signature of Quality Assurance Officer.**



STATION APPLICATION SUPPLEMENTAL INFORMATION

For Department Use Only
 Bureau of Motor Vehicles • Vehicle Inspection Division
 P.O. Box 68696 • Harrisburg, PA 17104

Attachment 1

PLEASE TYPE OR PRINT CLEARLY

A. STATION NAME: _____

B. INSURANCE ACKNOWLEDGEMENT:

I understand that a bond or certificate of insurance in the amount of \$10,000 is required for each inspection station. I also understand that failure to maintain this bond or insurance will result in cancellation of my inspection station.

Yes No

C. ADDITIONAL INFORMATION:

1. List all owners, partners or corporate officers. (**NOTE:** Individuals should list their driver's license or photo ID number and the issuing state in the space provided.)

Name	Title	DL/Photo ID#/State of Issuance	Date of Birth	
Street Address		City	State	Zip
Name	Title	DL/Photo ID#/State of Issuance	Date of Birth	
Street Address		City	State	Zip
Name	Title	DL/Photo ID#/State of Issuance	Date of Birth	
Street Address		City	State	Zip
Name	Title	DL/Photo ID#/State of Issuance	Date of Birth	
Street Address		City	State	Zip

2. Has this business or the owners, partners or officers thereof ever been a dealer, miscellaneous motor vehicles business, messenger service, inspection station or issuing agent in this or any other state?

Yes No If yes, list name(s), location(s), and identification number(s).

3. Is this application for a change of ownership or was this location previously an inspection station?

Yes No If yes, list previous station name(s), address(s) and identification number(s).

4. Is this inspection station being sold, transferred or leased while the station is suspended or restored pending appeal?

Yes No

If yes, were you ever affiliated with this station or are you related in any way to the owner(s)? Yes No

5. Have any owners, partners or corporate officers of this business been affiliated with a dealership, miscellaneous motor vehicle business, messenger service, inspection station or issuing agent whose privilege to conduct business as such was suspended, cancelled or revoked or is currently under investigation or received notice to attend a departmental or court hearing or is awaiting a decision by a hearing officer or a court?

Yes No If yes, list name, location, and identification number and explain situation.

6. Does any owner, partner, corporate officer or any business with which they were previously affiliated, have any outstanding liabilities which are due and owing to the commonwealth, including but not limited to, taxes, fees, monetary penalties or outstanding paperwork?

Yes No If yes, explain.

7. Have any owners, partners or corporate officers of this business ever been convicted or administratively sanctioned for violations of department regulations, Chapter 175 or 177 or Chapter 47 of the Vehicle Code?

Yes No If yes, explain.

8. Have any owners, partners or corporate officers of this business ever remitted uncollectible checks payable to PennDOT or the Commonwealth of Pennsylvania?

Yes No If yes, explain.

9. Are all owners, partners, officers and management/supervisory employees aware of their responsibilities and obligations relating to the operation of an official inspection station, including but not limited to, record keeping, supervision of employees and customer relations?

Yes No If no, explain.

D. VERIFICATION

I hereby verify that the information set forth above is true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification of authorities.

Signature: _____

Print Name as it Appears Above: _____

Title: _____

Date: _____

Visit us at www.dmv.pa.gov or call us at:

In state: 1-800-932-4600 ♦ TDD: 1-800-228-0676 ♦ Out-of-State: 1-717-412-5300 ♦ TDD Out-of-State: 1-717-412-5380



Commonwealth of Pennsylvania

DEPARTMENT OF TRANSPORTATION EMISSION INSPECTION PROGRAM

OFFICIAL EMISSION INSPECTION STATION NUMBER _____

CURRENT LIST OF CERTIFIED EMISSION INSPECTORS AND REPAIR TECHNICIANS

<u>NAME</u>	<u>OPERATOR LICENSE EXPIRATION DATE</u>	<u>CERTIFICATION TYPE</u>	<u>INSPECTION CERT EXPIRATION DATE</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			
17. _____			
18. _____			

THIS LIST MUST BE POSTED CONSPICUOUSLY NEXT TO YOUR CERTIFICATE OF APPOINTMENT!

MV-500 (11-10)



Bureau of Motor Vehicles
Vehicle Inspection Division
P.O. 68697 • Harrisburg, PA 17106-8697

Pennsylvania Department of Transportation Authorized Agents for Purchasing Stickers

NEW REVISED (PLEASE CHECK ONE)

**PRINT NAME AS LISTED ON ID
OR DRIVER'S LICENSE**

OPERATOR NUMBER

**SOCIAL SECURITY#
(IF NON-PA DRIVER'S LICENSE)**

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

I hereby authorize the above listed person(s) to sign sticker requisitions and receive Certificates of Inspection for the following Official Inspection Station:

(Station Number)

(Station Name)

(Telephone #)

(Signature of Station Owner or Authority) - Station Owner or Authority must be listed in one of the five lines above.

(Title)

(Print Name As It Appears Above)

(Date)

**REVIEW INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING.
THIS FORM MAY NOT BE COPIED OR FAXED**

- Official Inspection Stations must use this form to authorize purchaser(s) to sign Form MV-436A, "Inspection Sticker and Insert Order Form."
- You may submit up to five names to be placed in a computerized signature file for your station. (NO MORE THAN FIVE (5) NAMES ARE PERMITTED). Each name submitted must include, driver's license number (or government issued photo identification card number) and Social Security number (if non-PA driver's license).
- If the station owner or authority (as listed in sections B or E of the certificate of appointment Form MV-427) or corporate officer, partner, etc. (listed on Form MV-427A) intends to sign Form MV-436A to purchase inspection stickers, his/her name, operator number, and Social Security Number (if applicable) must also be listed on one of the five (5) designated spaces.
- **If the REVISED box is checked, you will need to list all persons whom you have previously authorized and wish to remain authorized. Any names that are not on this form will be deleted from the computerized signature file.**
- Stations which are appointed to perform both safety and emission inspections may submit only one (1) authorization form. The authorized purchasers for these stations will be able to sign Form MV-436A for both safety and emission stickers.
- Bonded messengers and members of the Legislature cannot be listed on this form as authorized purchasers.
- Return this form to: Bureau of Motor Vehicles, Vehicle Inspection Division, P.O. Box 68697, Harrisburg, PA 17106-8697. If you have questions please call (717) 787-2895.