



Department of
Motor Vehicles

APPLICATION FOR CERTIFICATION AS A
MOTOR VEHICLE INSPECTOR

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.

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

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♦

--	--	--	--	--	--	--	--	--	--

☐ 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 ()
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 ☐ NoIf "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 (be specific)

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.