

Safety Station Application Check List

Upon submission of the station information packet, all items below must be included. If information is incomplete, the packet will be rejected. A letter will be sent to the applicant, notifying them of the deficiency. Additionally, included in the packet is an instruction sheet detailing how to complete form MV-427.

- MV-427 (If applying for a safety and emission inspection, station 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).
- MV-427A (must complete two separate forms if applying for a safety and emission inspection station).
- MV-443 list of certified safety 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.)
- MV-500
- Certificate of liability insurance or bond: Attach proof of insurance or a bond, in the amount of at least \$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.
- Must have a valid insurance policy with PennDOT listed as the Certificate Holder, using 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

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.
- Reappoint After Cancel: A previously cancelled station reopens. (WRITE THIS REASON IN THE BLOCK MARKED "OTHER") NOT APPLICABLE FOR PREVIOUS ENHANCED EMISSION STATIONS.
- Reappointment after Suspension: 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: When a person in charge of an inspection station changes, but the ownership of the company remains the same. (Section E should be completed at this time.)
- Change of Mailing Address: When a business wants to update an existing mailing address that is different than the physical location.
- Add Mailing Address: When a business wants its mail to be delivered to an address other than the physical location of the garage. (WRITE THIS REASON IN THE BLOCK MARKED "OTHER").
- Delete Mailing Address: when a business wants to delete an existing mailing address other than its physical location. (WRITE THIS REASON IN THE BLOCK MARKED "OTHER").
- Change of address by Post Office: 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.

- **Business name:** 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 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.
- **Driver License# :** Provide the owner's driver's license number. If license is issued from a state other than Pennsylvania, please list the correct state abbreviation after the operator number: e.g., 123038483949 NJ (for operator number from New Jersey).
- **Mailing address (if different from the business address):** May be indicated in the space provided. If you wish to receive mail from the Department at your business address, the mailing address segment of Section B should remain blank.

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. If you have submitted applications to these agencies and have not received your identification numbers, you may write "APPLIED FOR" in the appropriate boxes, and then submit your number(s) to the Department when they are received.
- 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: First section should be completed when you own another inspection station. Second section should be completed when you need to cancel a previous inspection station.

- First Section – Provide the station number(s) of other station(s) you own.
- Second Section – Provide the current station number and/or name of station being cancelled due to change of location, change of ownership or change of station type, ie. Fleet to General.

Section E: 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 E, EXCEPT for the signature of the owner/corporate officer.

Section F: DO NOT WRITE IN THIS SPACE.

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



Station Application Supplemental Information

For Department Use Only

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 thier PA Driver's License (PA DL) or Photo ID# in the space provided. Business should list their Business ID# (Bus.ID) where indicated (i.e. E.I.N.)

NAME	TITLE	PA DL/PHOTO ID#	DATE OF BIRTH
STREET ADDRESS		CITY	STATE ZIP
NAME	TITLE	PA DL/PHOTO ID#	DATE OF BIRTH
STREET ADDRESS		CITY	STATE ZIP
NAME	TITLE	PA DL/PHOTO ID#	DATE OF BIRTH
STREET ADDRESS		CITY	STATE ZIP
NAME	TITLE	PA DL/PHOTO ID#	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 the Department of Transportation 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

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.C. §4904, relating to unsworn falsification of authorities.

Signature: _____

Print Name as it Appears Above: _____

Title: _____

Date: _____



Commonwealth of Pennsylvania

DEPARTMENT OF TRANSPORTATION

OFFICIAL INSPECTION STATION NUMBER _____

CURRENT LIST OF CERTIFIED SAFETY INSPECTION MECHANICS

<u>NAME</u>	<u>OPERATOR'S LICENSE EXPIRATION DATE</u>	<u>MECHANIC CERTIFICATION EXPIRATION DATE</u>	<u>CLASS</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			
17. _____			

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.