



ACTION FORM FOR INSPECTOR /MECHANIC CERTIFICATION



NEW	ALSO EMPLOYED AT STATION # _____
CHANGE	_____
DUPLICATE	_____
ADD EMPLOYER	_____
RENEWAL	_____

MECHANIC'S INFORMATION *(Name must be as it appears on Driver License)*

DRIVER LICENSE NUMBER _____	(HOME PHONE) _____	STATE _____
LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____
MECHANIC ADDRESS _____	CITY/STATE _____	ZIP CODE _____

RACE _____	SEX _____	DATE OF BIRTH _____
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This authorizes any information related to the mechanic's attendance, grades or other records to be released to the NC Division of Motor Vehicles.

MECHANIC'S SIGNATURE _____	DATE _____
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EMPLOYER INFORMATION

STATION NUMBER _____	PHONE NUMBER _____	COUNTY _____
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STATION NAME _____

STATION ADDRESS _____

CITY _____, NC ZIP CODE _____

This is to certify the mechanic named in this application has a valid driver license and is of good character and has a good reputation for honesty, has adequate knowledge of the equipment requirements of the Motor Vehicle Laws of North Carolina, *has general knowledge of motor vehicles sufficient to recognize a mechanical condition which is not safe*, and will be able to satisfactorily conduct the mechanical and or emissions inspection as required by the safety inspection act.

BY <i>(Owner Partner or Officer)</i> _____	DATE _____
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DO NOT WRITE IN THIS SECTION -- FOR OFFICIAL USE ONLY

SI INITIAL _____	SI RECERT _____	DATE ATTENDED COLLEGE _____	Test Version _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
OBD II INITIAL _____	OBD II RECERT _____	DATE ATTENDED COLLEGE _____	Test Version _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

COMMUNITY COLLEGE INSTRUCTOR – NAME OF COLLEGE _____	INST. NUMBER _____
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