Massachusetts Vehicle Check
INSPECTOR TRAINING APPLICATION

55 Messina Dr., Unit C, Braintree, MA 02184

Please complete **ALL** sections of this form in **INK**, sign and mail to Massachusetts Vehicle Check at address above, or FAX to (781) 849 – 2967. **Incomplete applications will be returned.**

SECTION A Applicant Information **PLEASE PRINT**	
1. Applicant Name: First Middle Last	
2. 'S' Number (Mass Drivers License or State Issued ID):	3. Date of Birth: __ __ / __ __/ __ __ MM / DD / YY
4. Home Address:	
5. City:	6. Zip Code: __ __ __ __ __ -- __ __ __ __
7. State:	8. Home Phone: (__ __ __) __ __ __ - __ __ __ __
9. Alternate Phone (optional): (__ __ __) __ __ __ - __ __ __ __	
10. Email (optional):	

SECTION B Training Certifications

11. Indicate which inspector training course(s) you are applying for: (check ALL that apply)

11a. ☐ Non-commercial 11b. ☐ Commercial* 11c. ☐ 7D* 11d. ☐ Motorcycle

* Requires successful completion of Non-commercial training

SECTION C Background Information

12. Are you a current inspector?	☐ Yes	☐ No
13. If you checked Yes for #12, have you ever had your Inspector Certification denied, revoked, suspended or placed on probation?	☐ Yes	☐ No

SECTION D Station Affiliation: List primary Inspection Station with which you will be affiliated.

14. Station Name:

15. Station ID: ___ ___ ___ ___ ___ ___ ___ ___

I certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that the statements made in this application are true and correct. I agree to abide by the Rules & Regulations set forth by the Commonwealth of Massachusetts. I understand that any reports of violations of the Emission Inspection Law, or of the Rules and Regulations will be investigated and, if found to be true, could result in my decertification as an Inspector or other penalties. Failure to keep my address current with the Registry of Motor Vehicles is a program violation and could result in my license being suspended or revoked.

_____ _____

Applicant Signature Date