CRAWFORD COUNTY CAREER & TECHNICAL CENTER STATE INSPECTION REGISTRATION FORM
APPLICATION FOR CERTIFICATION OF OFFICIAL VEHICLE SAFETY INSPECTION MECHANIC

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

Email Address _____ County _____

Social Security # _____ Birth Date _____

School District Crawford Central Conneaut PENNCREST Other _____
Specify

Circle the School District of your Residence

Have you ever been suspended as an official inspection mechanic? Yes _____ No _____

If yes, explain: _____

Operator's # (Driver's License No.) _____

Restrictions (if any listed on Applicant's Driver's License) _____

What type of vehicle(s) do you intend to inspect?

1. Cars/Trucks (17,000 lbs or less / trailers 10,000 or less) _____
2. Motorcycles _____
3. Buses/Trucks (over 17,000 lbs / trailers over 10,000) _____

PLEASE COMPLETE THE FOLLOWING BY CHECKING APPLICABLE BLANKS:

Sex: Male ____	Ethnic Race: White (not Hispanic) ____	Special Populations: Single Parent ____
Female ____	Black (not Hispanic) ____	Disabled/Handicapped ____
	American Indian or Alaskan ____	Limited English Proficiency (LEP) ____
	Asian or Pacific Islander ____	Economically Disadvantaged ____
	Hispanic ____	Educationally Disadvantaged ____

SPONSOR INFORMATION: (employer, OVR, TAA, etc) _____

Contact Person _____ Phone _____

Registration:

Resident Fee	_____	Received by	_____
Non-Resident Fee	_____	Receipt No.	_____
Category Fee(s)	_____	Check No.	_____
Other Fees	_____	Cash	_____
TOTAL FEES	_____	Date Received	_____