



# ACTION FORM FOR INSPECTOR /MECHANIC CERTIFICATION



NEW CHANGE DUPLICATE ADD EMPLOYER RENEWAL	ALSO EMPLOYED AT STATION # _____ _____ _____ _____			
<b>MECHANIC'S INFORMATION</b> <i>(Name must be as it appears on Driver License)</i>				
DRIVER LICENSE NUMBER _____	(HOME PHONE) _____	STATE _____		
LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____		
MECHANIC ADDRESS _____	CITY/STATE _____	ZIP CODE _____		
RACE _____	SEX _____	DATE OF BIRTH _____		
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 _____		
<b>EMPLOYER INFORMATION</b>				
STATION NUMBER _____	PHONE NUMBER _____	COUNTY _____		
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, <i>has general knowledge of motor vehicles sufficient to recognize a mechanical condition which is not safe</i> , 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 _____		
<b>DO NOT WRITE IN THIS SECTION -- FOR OFFICIAL USE ONLY</b>				
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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