



# ACTION FORM FOR INSPECTOR /MECHANIC CERTIFICATION

NEW LICENSE

ADD EMPLOYER

LICENSE RENEWAL

CHANGE (Employer, Name, Etc.)

PLEASE TYPE OR PRINT LEGIBLY ALL INFORMATION TO ASSURE PROPER PROCESSING.

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

DRIVER LICENSE NUMBER

LICENSE STATE

DATE OF BIRTH

LAST NAME

FIRST NAME

MIDDLE NAME

MECHANIC ADDRESS

CITY/TOWN

STATE

ZIP CODE

NCID – USER ID (Web Station Users Only)

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

### EMPLOYER INFORMATION

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, is of good character and has a 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 and Emissions Program.

Furthermore, I understand North Carolina General Statutes 20-183.7A(c) and 20-183.8B(c) state that it is the responsibility of the owner of an inspection station to supervise the inspection mechanics employed by the station. A violation by an inspection mechanic is considered a violation by the station or self-inspector for whom the mechanic is employed. Confirmed violations by an inspection mechanic may result in monetary penalties and suspension of the station and inspection mechanic's license.

PRINT / SIGN *(Owner Partner or Officer)*

DATE

### DO NOT WRITE IN THIS SECTION -- FOR OFFICIAL USE ONLY

SI INITIAL

SI RECERT

DATE ATTENDED COLLEGE

Test Version

Pass  Fail

Mitchell Community College

COMMUNITY COLLEGE INSTRUCTOR (Print and Sign) – NAME OF COLLEGE

INST. NUMBER

OBD II INITIAL

OBD II RECERT

DATE ATTENDED COLLEGE

Test Version

Pass  Fail

Mitchell Community College

COMMUNITY COLLEGE INSTRUCTOR (Print and Sign) – NAME OF COLLEGE

INST. NUMBER

**College Instructors:** By signing above, in the area of course certification, you attest to the fact that the technician appeared before you during instruction, completed the course requirements and scored at a minimum 80 on the written test.