

Massachusetts Vehicle Check Inspector Training Application

787-A Hartford Turnpike, Shrewsbury, MA 01545

Please complete ALL sections of this form in INK and mail to Massachusetts Vehicle Check at the address above, or email to InspectorTraining@MAVehicleCheck.com
Incomplete applications cannot be processed



SECTION A	Applicant Information	PLEASE PR	INT CLEARLY		
1. Applicant Nam	First e:	Middle	e Last		
2. 'S' Number (M	assachusetts Driver's License or Stat	te Issued ID):	3. Date of Birth: / M M /	/ DD/YY	
4. Mailing Address:					
5. City:		6. Zip Code:	=	_	
7. State:		8. Cell Phone: (
9. Alternate Phone: (
10. E-Mail Addres	S:	@			
SECTION B Training Certifications 11. Indicate which inspector training course(s) you are applying for Commercial Recertification (\$114.00) per Inspector Please bring a check or money order to class with you. Please bring your Commercial Inspector Training Manual to the Recertification Training. Exam will administered at the end of the training.					
SECTION C Background Information					
12. Are you a curr	ent inspector?		Yes	No	
SECTION D 13. Station ID: _ 14. Station Name	Station Affiliation: List prin	15. Tr	aining Location Preference urne Shrewsl wksbury West S	e(s):	
Once Applus receives your application, you will be automatically scheduled into the next available class. Classes become available by demand					
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		