

DEPARTMENT OF MOTOR VEHICLES Agency of Transportation 120 State Street Montpelier, Vermont 05603-0001 802.828.2094 dmv.vermont.gov

Failure to return this application may result in cancellation of your mechanic certification. If your certification is expired for six months or more, you will be required to take an examination before recertification.

Inspection Certificate #		Last Name			First Name				Middle Initial	
Mailing Address			Cit	y:			State:		Zip:	
Home Phone # Work F		Work Ph	Vork Phone #		ema		email address	email address		
Are you currently employed as an inspection mechanic? Yes No										
If yes, please	Station Number			Station Name						
provide the										
following	Station Address									
information										
If no, do you wish to retain your certification?										
Re-Certification request is for: (Please mark all that apply)										
Car/Truck			Trailer			Moto	orcycle/Moped		Scho	ol Bus

Mandatory "Good Standing" Declarations

Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3113b and 4 V.S.A. § 1110c you are required to answer the following:

CHILD SUPPORT (you MUST check one):

<u> </u>						
	I am not subject to a child support order; OR					
	I am subject to a child support order and am in good standing or in full compliance with a plan to pay					
<u>TAX</u>	ES (you MUST check one):					
	I have never lived or worked in Vermont and do not owe Vermont taxes; OR					
	The liability for any taxes due and payable is on appeal; OR					
	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR					
	I am not in good standing or in full compliance with a plan to pay.					
DIS	TRICT COURT FINES / JUDICIAL BUREAU FINES (you MUST check one):					
	I do not have any unpaid judgments.					
I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or						
penalties for a violation or criminal offense.						
	I am not in good standing.					
NO	TE: A certificate may not be issued without full compliance with the above "Good Stan	ding" D	eclarations			
I ce	rtify that the statements herein are true. This declaration made under penalties of 23 V.S.A. §201, §3113	and 15	V.S.A. §795.			
Ap	plicant Signature:	Date:				

Department Use Only Section							
Certificate #:	Issue Date:	Expiration Date:	Rater #:				
Employee Signature:			DOC LOC Only				