



ACTION FORM FOR INSPECTOR /MECHANIC CERTIFICATION/RENEWAL

<input type="checkbox"/> NEW LICENSE	<input type="checkbox"/> ADD EMPLOYER
<input type="checkbox"/> LICENSE RENEWAL	<input type="checkbox"/> CHANGE (Employer, Name, Etc.)
<input type="checkbox"/> PREDETERMINATION HEARING (\$45.00 FEE)	

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
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LAST NAME	FIRST NAME	MIDDLE NAME
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MECHANIC ADDRESS	CITY/TOWN	STATE	ZIP CODE
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NCID – USER ID (Web Station Users Only)

Your signature below authorizes any information related to the mechanic's attendance, grades or other records to be released and provided to the NC Division of Motor Vehicles.

MECHANIC'S SIGNATURE	DATE
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EMPLOYER INFORMATION

STATION NUMBER	PHONE NUMBER	COUNTY
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STATION NAME

STATION ADDRESS

CITY	, NC	ZIP CODE
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This is to certify the mechanic named in this application meets all of the necessary qualifications to include being of good character and 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.

In reviewing an application, the Division may deny an application pursuant to a prior conviction only upon compliance with the requirements of Article 3A of Chapter 20 and N.C.G.S. § 93B-8. Upon review of the application where an owner or technician has a criminal conviction, the Division shall consider:

- (a) The level and seriousness of the crime.
- (b) The date of the crime.
- (c) The age of the person at the time of the crime.
- (d) The circumstances surrounding the commission of the crime, if known.
- (e) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
- (f) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
- (g) The completion of, or active participation in, rehabilitative drug or alcohol treatment.
- (h) A Certificate of Relief granted pursuant to N.C.G.S. § 15A-173.2.
- (i) The subsequent commission of a crime by the applicant.
- (j) Any affidavits or other written documents, including character references.

The specific owner or technician may attach any information relevant for the Division to consider in reviewing the application for the station or technician. Such information can include, but not be limited to, the considerations listed above in (a) through (j) that the Division shall consider.

In reviewing an application, the Division may deny the application where the specific owner or applicant lack either good character or a reputation for honesty. As with a prior conviction, the specific owner or technician may attach any information relevant for the Division to consider in reviewing the application.

If the Division denies an application for an owner or technician based on a conviction, the applicant may appeal the denial under the procedures set forth under Article 4 of Chapter 150B and/or N.C.G.S. § 20-183.8G. If the Division denies an application on other grounds listed under Article 3A of Chapter 20, the applicant may appeal the denial under the procedures set forth under N.C.G.S. § 20-183.8G.

PRINT / SIGN (Owner Partner or Officer)	DATE
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DO NOT WRITE IN THIS SECTION -- FOR OFFICIAL USE ONLY

SI INITIAL _____	SI RECERT _____	DATE ATTENDED COLLEGE _____	Test Version _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
COMMUNITY COLLEGE INSTRUCTOR (Print and Sign) – NAME OF COLLEGE _____				INST. NUMBER _____
OBD II INITIAL _____	OBD II RECERT _____	DATE ATTENDED COLLEGE _____	Test Version _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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.