



Dauphin County Technical School-Adult Ed
6001 Locust Lane, Harrisburg, PA 17109
717-652-3170 ext 7445 or 7437
Fax: 717-901-6766
www.workforcedev@dcts.org

PA State Emissions Certification

The PA Emissions Inspector Certification class consists of theory on emissions, demonstration on Dynamometer gas analyzing and OBDI equipment. Successful completion of this course and test qualifies the individual to inspect vehicles for emissions certification.

Cost \$100 (*We accept Visa, MasterCard & Discover*)

Acceptable forms of payment:

Personal Pay: Credit/Debit or Money Order, or Cash

Company Pay: Company Credit Card or Company Check

Registration and fee deadline is one week prior to the first class. Individuals are not considered registered with DCTS until payment is made and a completed application is submitted to the Adult & Continuing Education Office.

Registration with PENNDOT **must be completed** at www.patrainportal.com no later than one week prior to the first class. Please contact Adult Ed for instructions on how to register.

Individuals are required to attend both evenings.

Inspection Certification is valid for 2 years. You will then be required to take an on-line Re-Certification course to maintain your certification. **Classes are Tuesday & Thursdays.**

<i>November 6/8</i>	<i>5:30p – 9:30p</i>	<i>March 19/21</i>	<i>5:30p – 9:30p</i>
<i>December 11/13</i>	<i>5:30p – 9:30p</i>	<i>April 23/25</i>	<i>5:30p – 9:30p</i>
<i>January 22/24</i>	<i>5:30p – 9:30p</i>	<i>May 21/23</i>	<i>5:30p – 9:30p</i>
<i>February 19/21</i>	<i>5:30p – 9:30p</i>		

You must call prior to the first night of class to reschedule if you are not able to make the class!

Failure to show for class will result in possible forfeiture of payment.

Space is limited so register early to ensure a seat.



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Course Registration Form

Course Title: _____ Course Date: _____

Please Complete All Information Below

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ E-Mail: _____

Home/Cell Phone: _____ Work Phone: _____

Employer: _____

PAYMENT METHOD

Circle One: Check (Payable to DCTS) VISA MC DIS MO CASH

I authorize the Business Office at DCTS to charge my credit/debit card as circled above.

Amount to be charged: \$ _____ Authorized Signature: _____

How did you hear about DCTS? Former Student Employer Internet Radio Facebook
Family Friend Close to home/work Other

The PA Department of Education requires the following information. Please check the appropriate box.

Gender: Male _____ Female _____ **Ethnicity:** Hispanic _____ Non-Hispanic _____

Race: Am. Indian or Alaskan Native _____ Caucasian _____

Black/African American _____ Multi-Racial _____

Native Hawaiian/Other Pacific Islander _____ Asian _____

✚ No refunds will be granted after class has begun.

