



Dauphin County Technical School – Adult Ed  
6001 Locust Lane Harrisburg, PA 17109  
717-652-3170 ext 7445 or 7436  
Fax: 717-901-6766  
www.workforcedev@dcts.org

## Safety Inspection Mechanic Certification Program

Certified by Pennsylvania Department of Transportation

This program leads to Safety Inspection Mechanic Certification by the Pennsylvania Department of Transportation. It contains classroom instruction, special category instruction, written examination, tool clinic, and tactile examination for each category.

Individuals will be notified of the date and time for the Tactile Examination during the Tool Clinic portion of the course. Upon successful completion of your Tactile Examination, your records will be forwarded to the Pennsylvania Department of Transportation along with a recommendation for certification. The PA Department of Transportation, **NOT** the Dauphin County Technical School, issues this certification. You should receive your Safety Inspection Identification Card within three (3) weeks.

**YOU CANNOT INSPECT VEHICLES WITHOUT THIS CARD.**

**Cost** \$170 Cat 1 - \$40 for each additional category (We accept Visa, MasterCard)

**Acceptable forms of payment:**

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

**Company Pay:** Company Credit Card or Company Check

**Exam Re-takes are \$40**

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.

*November 27 – December 6, 2018*

*Tues. Wed. & Thurs.*

*5:30p – 9:30p*

*January 8 – January 17, 2019*

*Tues. Wed. & Thurs.*

*5:30p – 9:30p*

*February 5 – February 14, 2019*

*Tues. Wed. & Thurs.*

*5:30p – 9:30p*

*March 5 – March 14, 2019*

*Tues. Wed. & Thurs.*

*5:30p – 9:30p*

*April 2 – April 11, 2019*

*Tues. Wed. & Thurs.*

*5:30p – 9:30p*

*May 7 – May 16, 2019*

*Tues. Wed. & Thurs.*

*5:30p – 9:30p*

**Space is limited so sign up early to confirm your seat.**

## Safety Inspection Clinic Topics

- Use of a micrometer
- Standard micrometer in inches
- Safety Inspection approved micrometer
- Exposure to digital micrometers
- Conversion information from inches to metric

### PA SAFETY INSPECTION CERTIFICATION CLASS REGULATIONS AND REQUIREMENTS

I understand that:

- ✓ I am required to attend a minimum of 11 hours of classroom theory I am required to attain a minimum of 70% in the baseline test as well as all category tests
- ✓ I am required to wear a shirt with sleeves, long trousers, hard sole shoes, and safety glasses during the tactile test
- ✓ I am required to complete the written test in one (1) hour with an additional 15 minutes for each additional category
- ✓ I am required to complete the hands-on tactile within one (1) hour for each selected category
- ✓ I have a valid driver's license
- ✓ I am eighteen years old or older

I am required to notify the Adult and Continuing Education Office at the Dauphin County Technical School prior to the Tool Clinic and/or Tactile Examination if I am unable to attend either. I understand that an additional fee of \$40 per test will be required for all exam reschedules and retakes.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



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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.**

