Dauphin County Technical School-Adult Ed
6001 Locust Lane, Harrisburg, PA 17109
717-652-3170 ext. 7902
Fax: 717-901-6766
AdultEd@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 *$160 (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.patrainingportal.com no later than one week prior to the first class. Please contact Adult Ed for instructions on how to register.
- ✓ A copy of your current Driver's License must accompany your application

Individuals are required to attend all three 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. (Tues, Thurs., Tues)

Tues., Thurs., Tues. 5:30p - 9:30p (12 hrs)
Sept. 21, 23, 28, 2021
Oct. 19, 21, 26, 2021
Nov. 16, 18, 23, 2021
Dec. 14, 16, 21, 2021

Jan. 18, 20, 25, 2022
Feb. 15, 17, 22, 2022
Mar. 15, 17, 22, 2022
Apr. 19, 21, 26, 2022
May 17, 19, 24, 2022

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: Emissions Certification **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.**