



# PAYMENT FORM STATE INSPECTION PROGRAM

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Number\*: \_\_\_\_\_

State Inspection License Number\*\* (for current safety inspectors only): \_\_\_\_\_

*\*A legible copy of the driver's license must accompany this form*

*\*\*A legible copy of the state inspection license must accompany this form*

## Course Information for New Safety Inspectors

(Please select all that apply – To enroll in the State Inspection Course, you must have a valid driver's license.)

Item	Cost	Total
Cars and Light Trucks (includes 3 night course, written & tactile test)	\$160	
Motorcycle (Additional Written & Tactile Test)	\$40	
Heavy Trucks and Buses (Additional Written & Tactile Test)	\$40	
Course Book	\$6	
	Total	

## Course Information for Current Safety Inspectors

(Please select all that apply - As long as you have a valid driver's license and successfully pass the baseline test, you can take any Category specific written and tactile tests with the following two caveats:

- a. If you test for Category 2 (motorcycles), you must secure your motorcycle license within one year of the course or else you will need to retest that Category.
- b. You are only allowed to inspect vehicles in which you are allowed to drive regardless of your State Inspection classification. For example, if you have your CAT 3 State Inspector's license but do not have a CDL license, then you cannot inspect heavy duty trucks.

Item	Cost	Total
Motorcycle Upgrade (Additional Written & Tactile Test)	\$40	
Heavy Trucks and Buses Upgrade (Additional Written & Tactile Test)	\$40	
Course Book	\$6	
	Total	

**Payment Information\***

Cash     Check     Visa     Master Card     Discover

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date(mm/yy): \_\_\_\_\_

*Card holder contact information if different from above:*

Name (as it appears on the card): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

*\*If paying by cash or check, please return this form and your payment to:*

Johnson College Continuing Education Program  
 3427 North Main Avenue, Scranton, PA 18508  
 Tel: (570)702-8979 Fax (570) 348-2181

*For Cancellation and Refund Policy, please visit: [www.johnson.edu/conted/training.html](http://www.johnson.edu/conted/training.html)*

**For Office Use Only:**

Payment Received: \_\_\_\_\_ Processed by: \_\_\_\_\_

Course Dates and Instructor: \_\_\_\_\_