



PAYMENT FORM: STATE INSPECTION PROGRAM

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Driver's License Number*: _____ **A legible copy of the driver's license must accompany this form*

Course Information (Please select all that apply)

	Cost	Total
Cars and Light Trucks (Includes 4 Night Course, Written & Tactile Test)	\$175.00	\$.00
Motorcycle (Additional Tactile Test)	\$75.00	\$.00
Heavy Trucks and Buses (Additional Tactile Test)	\$75.00	\$.00
Upgrade Certification in an Additional Vehicle Category (Only for certified inspectors who have taken a 10 hour class in the last 2 1/2 years.)	\$75.00	\$.00
Enhanced Vehicle Safety Inspector Test (Includes Certified Document Review Test)	\$75.00	\$.00
Certified Document Reviewer Test Only	\$75.00	\$.00
Total		\$.00

Payment Information*

Cash
 Check
 Visa
 Master Card
 Discover
 American Express

Credit Card Number: _____

Expiration Date (mm/yy): _____ Security Code (3 digits on back of card): _____

Card holder contact information if different from above:

Name (as it appears on the card): _____

Address: _____

City: _____ State: _____ Zip: _____ 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) 702-8966

For Office Use Only:

Payment Received: _____ Processed by: _____

Course Dates and Instructor: _____