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

<table>
<thead>
<tr>
<th>Course Information</th>
<th>Cost</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cars and Light Trucks (Includes 4 Night Course, Written &amp; Tactile Test)</td>
<td>$175.00</td>
<td>$175.00</td>
</tr>
<tr>
<td>Motorcycle (Additional Tactile Test)</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Heavy Trucks and Buses (Additional Tactile Test)</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>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.)</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Enhanced Vehicle Safety Inspector Test (Includes Certified Document Review Test)</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Certified Document Reviewer Test Only</td>
<td>$75.00</td>
<td>$75.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$450.00</strong></td>
<td><strong>$450.00</strong></td>
</tr>
</tbody>
</table>

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: