

DEPARTMENT OF STATE POLICE
P. O. BOX 27472, RICHMOND, VA 23261-7472

SAFETY INSPECTOR APPLICATION

Applicant Name: _____ Social Security #: _____
(LAST) (FIRST) (MIDDLE)

Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Work Phone #: (____) _____ Home Phone #: (____) _____

Cellular Phone: (____) _____ Email: _____

Driver's License #: _____ State: _____

Years of experience as automotive mechanic: _____

Current Employer: _____ Station #: _____

Employer's Address: _____ City: _____ ZIP: _____

Have you ever been certified as a safety inspector in Virginia? Yes No

If yes, have you ever been suspended from the inspection program? Yes No

Where were you employed when you were suspended?

Name and address of former stations where employed as a mechanic:

Have you ever been **charged** with any **criminal** violations or **traffic** infractions? Yes No

If yes, where, and what were the offenses charged?

Has your privilege to operate a motor vehicle ever been revoked or suspended? Yes No

If yes, for what charges?

I certify the above information is true and accurate to the best of my knowledge and that any false or misleading information provided will result in removal from consideration.

Signature: _____ Date: _____

STATE POLICE USE ONLY:

Applicant Name: _____

Date of first exam _____ Pass/Fail _____ Trooper's name _____

If fail, return application to applicant. Applicant must wait thirty (30) days to retest. If pass, forward application, exam answer sheet, criminal history record form with payment, and driver transcript, to the Safety Division Headquarters.

Date of second exam _____ Pass/Fail _____ Trooper's name _____

Forward application (Pass or Fail) to Safety Division Headquarters. An applicant failing a second time must wait six (6) months before reapplying.

DO NOT WRITE BELOW THIS LINE - FOR STATE POLICE USE ONLY

Employed by: _____ Station #: _____

Certified: Yes No Trooper: _____ Area: _____

Inspector classification: _____ Date: _____

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SAFETY DIVISION FILE CHECK

Date: _____

Current status:

Name of Checker: _____

RESULTS OF INVESTIGATION

Character and reputation:	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
Mechanical ability: (years experience) _____	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
Attitude toward inspection and supervision:	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
Knowledge of inspection requirements:	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
Grade on written examination: _____	Grade on Practical Examination: _____	

Type of Headlight Aimer Used: _____
(Must demonstrate ability to use) (Make) (Model)

Remarks: (explain any item checked unsatisfactory and provide any other pertinent information.)

