

**MV-435 (8-08)**

PA Department of Transportation  
P.O. Box 68674  
Harrisburg, PA 17106-8674

**SAFETY INSPECTION CERTIFICATION  
FOR MOTOR CARRIER VEHICLES**

For Department Use Only

As part of your restoration requirements, you must complete all the information below and return to PennDOT.

**A Applicant Information - This section to be completed by the vehicle owner.**

|                                   |            |             |                                 |               |
|-----------------------------------|------------|-------------|---------------------------------|---------------|
| LAST NAME (OR FULL BUSINESS NAME) | FIRST NAME | MIDDLE NAME | PA DL/PHOTO ID# OR<br>BUS. ID # | DATE OF BIRTH |
| STREET ADDRESS                    |            | CITY        | STATE                           | ZIP CODE      |

**B VEHICLE INSPECTION INFORMATION - This section to be completed by the inspecting station/mechanic.**

|                               |                         |                 |                                       |
|-------------------------------|-------------------------|-----------------|---------------------------------------|
| INSPECTION STATION NUMBER     | INSPECTION STATION NAME | INSPECTION DATE | INSPECTION EXPIRATION                 |
| INSPECTING MECHANIC'S NAME    | MECHANIC NUMBER         | MECHANIC TYPE   | MECHANIC EXPIRY DATE                  |
| VEHICLE IDENTIFICATION NUMBER | TITLE NUMBER            | PLATE NUMBER    | STICKER NUMBER AFFIXED TO THE VEHICLE |

**ATTENTION INSPECTOR:** In addition to the sticker affixed to the vehicle at the time of inspection, an additional inspection sticker must be affixed to this form and submitted to the Department. The sticker should be cut in half and the half containing the serial number should be affixed in the space below. Please ensure that the sticker is properly secured to this form by covering it completely with clear adhesive tape. The remaining portion of the sticker should be maintained with your inspection records. When entering this sticker in your records, indicate the vehicle owner's name, address, insurance information, the vehicle title number, registration number, VIN, year, make and body style. In the check-block area of your report form, write "AFFIXED TO INSPECTION CERTIFICATION FORM".

|  |
|--|
| <p><b>CUT AND AFFIX THE INSPECTION<br/>STICKER SO THE SERIAL<br/>NUMBER IS VISIBLE. IT IS NOT<br/>NECESSARY FOR THE STICKER<br/>PREFIX (FOR EXAMPLE SI7) TO<br/>BE VISIBLE ON THE PORTION OF<br/>THE STICKER AFFIXED TO THIS<br/>FORM.</b></p> |
|--|

I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).

\_\_\_\_\_  
INSPECTING MECHANIC'S SIGNATURE

I/We certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I/we understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).

\_\_\_\_\_  
VEHICLE OWNER'S SIGNATURE

\_\_\_\_\_  
VEHICLE CO-OWNER'S SIGNATURE