

**MV-450 (9-06)**Bureau of Motor Vehicles  
Vehicle Inspection Division  
P.O. Box 68697  
Harrisburg, PA 17106-8697**APPLICATION FOR  
WAIVER OF HOURS**

FOR DEPARTMENT USE ONLY

*Complete front and back of application.*

<b>A Applicant Information</b>				
NAME OF BUSINESS			INSPECTION STATION NUMBER	
STREET ADDRESS				
CITY		COUNTY	STATE	ZIP CODE
STATION OWNER/MANAGER (as listed on MV-427 Certificate)			TITLE	
<b>B REQUESTED BUSINESS HOURS</b> (Requests for "appointment only" hours will not be approved.)				
<b>Monday</b>		<b>AM</b> <b>PM</b>	<b>AM</b> <b>PM</b>	Total Hours
<b>Tuesday</b>		<b>AM</b> <b>PM</b>	<b>AM</b> <b>PM</b>	Total Hours
<b>Wednesday</b>		<b>AM</b> <b>PM</b>	<b>AM</b> <b>PM</b>	Total Hours
<b>Thursday</b>		<b>AM</b> <b>PM</b>	<b>AM</b> <b>PM</b>	Total Hours
<b>Friday</b>		<b>AM</b> <b>PM</b>	<b>AM</b> <b>PM</b>	Total Hours
<b>Saturday</b>		<b>AM</b> <b>PM</b>	<b>AM</b> <b>PM</b>	Total Hours
<b>Sunday</b>		<b>AM</b> <b>PM</b>	<b>AM</b> <b>PM</b>	Total Hours
<b>C ESTIMATED NUMBER AND TYPE OF INSPECTIONS TO BE PERFORMED ANNUALLY</b>				
PASSENGER CARS & LIGHT TRUCKS	TRAILERS	MOTORCYCLES	MEDIUM/HEAVY TRUCKS & BUSES	
<p>Has any owner, officer, certified inspector or other employee of the business committed any violation of Chapter 175 (Vehicle Equipment and Inspection Regulations) or Chapter 177 (Emission Inspection Program Regulations)?</p> <p><input type="checkbox"/> Yes (provide details)      <input type="checkbox"/> No</p>				
<p>What security measures relating to inspection stickers and inspection records will be in effect?</p>				

Is there any contract or arrangement currently or anticipated to conduct inspections that makes a waiver of business hours necessary? If so, attach a copy of the contract or agreement.

Yes (attach copy)       No

**D. SIGNATURE OF APPLICANT**

NOTE: If the applicant is not the station owner, a letter of authority from the station owner or a corporate officer granting responsibility for inspection operations must be attached.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME AS IT APPEARS ABOVE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
STATION TELEPHONE NUMBER

\_\_\_\_\_  
STATION FAX NUMBER