



## APPLICATION FOR SAFETY INSPECTION MECHANIC PHYSICAL DISABILITY MEDICAL EXEMPTION

**For Department Use Only**  
Bureau of Motor Vehicles • Vehicle Control Division  
P.O. Box 68697 • Harrisburg, PA 17106-8697

### TYPE OR PRINT ALL INFORMATION AS REQUESTED

This portion must be completed in full and returned to the address above by a physician licensed in PA or a contiguous state (New York, New Jersey, Delaware, Maryland, West Virginia or Ohio) to request physical disability exemption in compliance with Section 175.28(a) of the Vehicle Equipment and Inspection regulations: *Each official inspection station shall have at least one certified mechanic. Every inspection shall be performed by a certified mechanic. The mechanic shall only inspect the type of vehicle for which they are certified. The mechanic signing the inspection sticker shall conduct and be responsible for the entire inspection of the vehicle, including the road test, except that the Department may exempt a mechanic from the requirement to perform a road test because of a physical disability.*

<b>A PATIENT INFORMATION</b>			
Patient/Applicant Name		Telephone Number	
Street Address			
City		State	Zip Code
Diagnosis/Prognosis of Condition: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If temporary, recommend length of time for exemption to be issued by PennDOT: <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other - Explain: _____			
<b>B PHYSICIAN INFORMATION</b>			
Physician Name		Medical License Number	
Office Street Address			
City		State	Zip Code
Physician's Signature: _____			
<b>C APPLICANT INFORMATION</b> - This portion to be completed by the applicant.			
Applicant's Driver's License Number		Applicant's Date of Birth	
<b>RELEASE OF INFORMATION AND CERTIFICATION</b>  I hereby authorize the release of all of the above information to PennDOT and certify under penalty of law that ALL information contained herein is TRUE and CORRECT. I further understand that if my driver's license should be suspended/cancelled/revoked, for any reasons than the medical disabilities mentioned on this application, I may not perform any type of vehicle inspection in Pennsylvania and that any exemption granted by this application shall become null and void.  Patient/Applicant Signature: _____			