

## **APPLICATION FOR WAIVER OF HOURS**

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

## COMPLETE FRONT AND BACK OF APPLICATION

A APPLICANT INFORMATION								
^	APPLICANT INFORMATION							
	Name of Business			Inspection Station Number				
	treet Address							
	City			State	ate Zip Code			
	Station Owner/Manager (As listed on MV-42	(As listed on MV-427 Certificate)			Title			
В	B REQUESTED BUSINESS HOURS (Requests for "appointment only" hours will not be approved.)							
$\exists$	ΔΜ ΔΜ							
	Monday	PM		PM	Total Ho	urs:		
ł		AM		AM				
	Tuesday	PM		PM	Total Ho	urs:		
ŀ								
	Wednesday	AM		AM Total Ho		ours:		
		PM						
	Thursday	АМ		AM	Total Ho	urs:		
		PM		PM	10101110			
	Friday	AM		AM	Total Ho	ure.		
	Filday	PM		PM	Total 110	uis.		
ı	Cotumban	AM		AM	Total I Ia			
	Saturday	PM		PM	Total Ho	urs:		
- 1	0 1	AM		AM	<b>T</b> ( ) ) )			
	Sunday	PM		PM	Total Ho	urs:		
С	C ESTIMATED NUMBER AND TYPE OF INSPECTIONS TO BE PERFORMED ANNUALLY							
ヿ	Passenger Cars and Light Trucks	Trailers	Motorcycles		Medium/Heavy	Trucks and Buses		
ł	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)?							
	☐ YES (Provide Details) ☐ NO							
ł	What accurity measures relating to inspection stickers and inspection records will be in affect?							
	What security measures relating to inspection stickers and inspection records will be in effect?							

	Is there any contract or arrangement currently or anticipated to conduct inspections that makes a waiver of business hours necessary?					
	☐ YES (If Yes, attach a copy of the contract or agreement.) ☐ NO					
D	SIGNATURE OF APPLICANT					
	<b>NOTE:</b> 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				