## MISSOURI STATE HIGHWAY PATROL

## **INSPECTOR / MECHANIC APPLICATION**

Motor Vehicle Inspection

Troop A 1950 NE Independence Avenue Troop C 3180 Koch Road Lee's Summit, MO 64064 St. Louis, MO 63125 \* 504 South East Blue Parkway Lee's Summit, MO 64063

Troop E 4947 Hwy 67 North Poplar Bluff, MO 63901-8719 Troop G 1226 West Business Highway 60/63 Willow Springs, MO 65793-9222

Troop I 1301 Nagogami Road Rolla, MO 65401 PO Box 128 Rolla, MO 65402-0128

Troop D 3131 East Kearney Street Springfield, MO 65803-5044 308 Pine Crest Drive Macon, MO 63552-1030 SHP-451W 08/20

mailing address

Troop F 5621 Raptor Rd, Highway 50 W Jefferson City, MO 65109

Troop H 3525 North Belt Highway St. Joseph, MO 64506-1370

INSTRUCTIONS: Fill in all blocks and mark (X) in the appropriate boxes. Print information in capital letters with a pen. Attach a 2" x 2" photograph taken within the past 3 months (your name and address must be on the back of the photograph). Mail or deliver this completed application and your photograph to the Missouri State Highway Patrol headquarters of the troop area where your place of employment is located. See address above.

nstruction in automotive mechanics from a generally recognized educational institution, either public or private. Permits are not denied on the basis of sex, race, creed, color, religion, or ancestry.															estry.		
	APPLICANT'S IDENTIFICATION & ADDRESS																
LAST NAME				FIF	FIRST NAME			МІ	NAME	SUFFIX	PER	R					
											JR □SR						
HOME ADDRESS - STREET				CITY				•		•	9	TATE Z	P CODE				
DATE OF BIRTH SEX HOME AREA CODE & TELE MONTH DAY YEAR				E & TELEPHON	HONE SOCIAL SECURITY NUMBER				[	DRIVER LICENSE NUMBER				EMISSIONS CERTIFIED DATE			
MECHANICAL EXPERIENCE & TRAINING (NEW APPLICANTS ONLY)																	
	NAME & ADDRESS (Where experience / training received)												FROM MO Y	DATES	TO YR		
GARAGES.																1	
ETC.																	
															1		
ENAL /																	
EMI / MECHANICAL -																	
SCHOOLS																	
						PECTION ST	ATION	(S)									
NAME & ADDRESS OF CURRENT INSPECTION STATION EMPLOYER(S)  AREA CODE & TELEPHONE											HONE	STATION PERMIT NO.					
						CERTIFICA	TION										
I certify that the information in this application is accurate and complete, and if approved, that I will inspect vehicles in accordance with motor vehicle safety inspection laws and prescribed rules and regulations.											МО	DAY 	DAY YR				
	ADMINISTRATIVE DATA (Officer's use only)																
TROOP DATE (Tes	rest / Renewal) NEW - NEW INSPECT			INSPECTION EXAM SERIES		SCORE (%)		P - PASS F - FAIL		ALL MCY EMI	DATE PROCE	SSED BY TRO	ЮР	EXAMINE BADGE N		ERVISOR'S OGE	