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MISSOURI STATE HIGHWAY PATROL

INSPECTOR / MECHANIC APPLICATION

Motor Vehicle Inspection

SHP-451U 03/17

** mailing address

Troop A	Troop C	Troop E	Troop G	Troop I
1950 NE Independence Avenue Lee's Summit, MO 64064 ** 504 South East Blue Parkway Lee's Summit, MO 64063	3180 Koch Road St. Louis, MO 63125	4947 Hwy 67 North Poplar Bluff, MO 63901-8719	1226 West Business Highway 60/63 Willow Springs, MO 65793	1301 Nagogami Road Rolla, MO 65401 ** PO Box 128 Rolla, MO 65402-0128
Troop B	**Troop D**	**Troop F**	**Troop H**	
308 Pine Crest Drive Macon, MO 63552-1030	3131 East Kearney Street Springfield, MO 65803-5044	5621 Raptor Rd, Highway 50 W Jefferson City, MO 65109 ** PO Box 568 Jefferson City, MO 65102-0568	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.

Attention new applicant: To become an inspector you must have had one year of practical experience as an automotive mechanic or have successfully completed a course of vocational instruction 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.

APPLICANT'S IDENTIFICATION & ADDRESS

LAST NAME	FIRST NAME	MI	NAME SUFFIX	PERMIT NUMBER
			☐ JR ☐ SR	

HOME ADDRESS - STREET	CITY	STATE	ZIP CODE

DATE OF BIRTH MONTH	DAY	YEAR	SEX ☐ M ☐ F	HOME AREA CODE & TELEPHONE	SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	EMISSIONS CERTIFIED DATE

MECHANICAL EXPERIENCE & TRAINING (NEW APPLICANTS ONLY)

	NAME & ADDRESS (Where experience / training received)	DATES FROM MO	DATES FROM YR	DATES TO MO	DATES TO YR
GARAGES, ETC.					
EMI / MECHANICAL SCHOOLS					

INSPECTION STATION(S)

NAME & ADDRESS OF CURRENT INSPECTION STATION EMPLOYER(S)	AREA CODE & TELEPHONE	STATION PERMIT NO.

CERTIFICATION

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.

APPLICANT'S SIGNATURE

MO DAY YR

ADMINISTRATIVE DATA (Officer's use only)

TROOP	DATE (Test / Renewal)		NEW - NEW REN - RENEWAL REI - REINSTATE CIT - CITED EXP - EXPIRED	INSPECTION EXAM SERIES	SCORE (%)		P - PASS F - FAIL		ALL MCY EMI	DATE PROCESSED BY TROOP	EXAMINER'S BADGE NO.	SUPERVISOR'S BADGE