

Massachusetts Vehicle Check Inspector License

Save time, go to mass.gov/RMV to apply online!

Registry of Motor Vehicles
• Vehicle Safety & Compliance Services P.O. Box 55892 • Boston MA 02205-5892

Application Fee: \$25.00

A. Applicant Information	tion				
Last Name			First Name	Middle Name	e Suffix
Driver's License #	State of Issue	lf O	ut-of-State Applicant, Social Secu	rity # Date of	Birth (MM/DD/YYYY)
					1
Daytime Phone #	License Class		Issue Date (MM/DD/YYYY)	Expira	tion Date (MM/DD/YYYY)
			1 1		/ /
Residential Address					
Street	Apt. #	City		State	Zip Code
Mailing Address	bove)				
Street	Apt. #	City		State	Zip Code
Email					

B. Required Information

- 1. You must have a valid driver's license for the class of vehicle you will be inspecting with a state assigned license number.
- 2. Out-of-state applicants are required to submit a copy of the front and back of their current their drivers license.
- 3. You must complete, sign and submit this application form before requesting training. UNSIGNED FORMS WILL BE RETURNED.
- 4. Complete application and mail check or money order (\$25 fee) payable to MassDOT to:

The Registry of Motor Vehicles, Vehicle Safety & Compliance Services P.O. Box 55892, Boston, MA 02205-5892

5. Contact Opus Technologies, Inc. to schedule training.

C. Certification and Signature of Applicant (application not complete without signature)

Final approval is dependent upon successful completion of inspector training. For further training information, contact Opus Technologies at 1-844-358-0135.

Out-of-state applications must send a copy of their valid driver license from issuing state and will be processed through the National Driver Register (NDR) and/or the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions. I, the undersigned, hereby apply for a license to inspect motor vehicles and swear (affirm), under the penalties of perjury, that the information I have provided in this application is true and correct.

Signature:____

Date:_____