

NORTH CAROLINA STATE HIGHWAY PATROL

INVESTIGATIVE SERVICES UNIT SAFETY/EMISSIONS INSPECTIONS SECTION

Inspector / Mechanic Control Number Request

MECHANIC INFORMATION					
Name:					
Home Address:					
City:	State:	Zip Code:			
Driver License No.:	State:	Issue Date:	Expiration Date:		
Social Security No.:			Date of Birth:		
Race:	Sex:	Hair Color:	Eye Color:	Height:	ft. in.
EMPLOYER INFORMATION					
Station Name:			Station No.:		
Station Address:					
City:	State: NC	Zip Code:	County:		
PLEASE ATTACH A LEGIBLE COPY (FRONT & BACK) OF YOUR CURRENT DRIVER'S LICENSE					
INVESTIGATIVE SERVICES UNIT INFORMATION (For Office Use Only)					
NCSHP ISU Officer:					
Type of Inspector Certification: <input type="checkbox"/> Safety <input type="checkbox"/> Emission / OBD					
Control No. Assigned:		Assigned To:		Date:	