



Bureau of Automotive Repair Licensing
 P.O. Box 989001, West Sacramento, CA 95798-9001
 P (916) 255-3145 F (916) 255-4482 | www.smogcheck.ca.gov

APPLICATION FOR SMOG CHECK STATION LICENSE
 Fee \$100.00

You may fill in this form on-line and then print it with your browser's print feature.

Type of License: *Check one only*
 Enhanced Area: Test and Repair Test-Only
 Basic Area: Test and Repair Test-Only

<i>For Department Use Only</i>	
License Number	_____
Receipt Number	_____
Date Issued	_____
Expiration	_____

INSTRUCTIONS:

1. Read all information contained in this application including instructions on reverse side of this page.
2. Pay fees by check or money order made payable to the Licensing Division.
3. Submit completed application with all appropriate documents and fees to the Licensing Division at the above address.
4. All information is mandatory and is required under Business and Professions Code Sections 9884 and Labor Code Section 432.7.

IF ANY INFORMATION IS OMITTED, THE APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION AND WILL DELAY PROCESSING.

Please type or print legibly in link

Owner's Name: <small>Last</small> _____ <small>First</small> _____ <small>Middle</small> _____		
Owner's Driver License Number: _____		Owner's Social Security or Federal Employer Identification Number: _____
Business Name: <small>As listed on Automotive Repair Dealer Registration</small> _____		Automotive Repair Dealer Registration Number: _____
Business Address: <small>Number and Street</small> _____ <small>City</small> _____ <small>State</small> _____ <small>Zip Code</small> _____		
Business Mailing Address: <small>Number and Street or Post Office Box</small> _____ <small>City</small> _____ <small>State</small> _____ <small>Zip Code</small> _____		
Business Area Code and Telephone Number: (_____) _____		
Applicant's Background: <i>Attach additional sheets if necessary.</i>		
1. Have you ever been issued a license by this Department? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever had any license denied, suspended, revoked, or placed on probation by this Department? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been issued a citation by this Department? If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been convicted of any violation of law? <i>This item refers to all violations of the law, other than minor traffic violations; including misdemeanors or any matter where a plea of nolo contendere was permitted.</i> If yes, please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the statements made in this application are true and correct and I have the required equipment in accordance with Division 33 of Title 16 of the California Code of Regulations. Signature of Applicant _____ Date _____		

INSTRUCTIONS

LICENSE TYPE: Check the box to the left of the license type you are applying for. (See Enhanced Area Zip Code list.)

OWNER'S NAME: Enter the complete name of the owner.

OWNER'S DRIVER LICENSE NUMBER: Enter the Driver License Number of the owner.

OWNER'S SOCIAL SECURITY OR FEDERAL EMPLOYER IDENTIFICATION NUMBER: Enter either the owner's social security number or federal employer identification number.

BUSINESS NAME: Enter the name of the business as listed on the Automotive Repair Dealer Registration.

AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER: Enter the Automotive Repair Dealer Registration Number of the business.

BUSINESS ADDRESS: Enter complete address where the business is being conducted.

MAILING ADDRESS: Enter complete address where the business receives its mail.

BUSINESS AREA CODE AND TELEPHONE NUMBER: Enter the area code and telephone number of the business.

AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER: Enter the current Automotive Repair Dealer Registration Number of the business.

APPLICANT'S BACKGROUND: This section must be completed in its entirety. Any applicable information not provided may result in denial of this application or legal action later to revoke this license.

CERTIFICATION: Sign and date the application. Your signature affirms that all required equipment and manuals are present and in satisfactory condition and that all statements are true and correct. Any false statements made on this application may result in denial of the application or legal action later to revoke the license.

REQUIRED EQUIPMENT: All the equipment required per Division 33 of Title 16 of the California Code of Regulations must be on the premises in proper working order and in calibration in accordance with the type of station license.

- Test and Repair: See §3340.16.5
- Test-Only: See § 3340.16

PLEASE NOTE: In order to operate as a smog check station, a licensed smog check technician with the appropriate license for the work being performed must be present and able to gain electronic access to the Emissions Inspection System (EIS) or the Test Analyzer System (TAS).

Per California Civil Code, Section 1798.17 (Information Practice Act), the Director of the Department is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

The Unruh Civil Rights Act and other state laws contain prohibitions against gender-based pricing practices. Prices must be based on factors such as the difficulty of treatment or service, and not on the gender of the customer. Violators of these laws may be required to pay damages of a minimum of \$1,000 for each violation specified in Section 52 of the Civil Code. (Statutes 1994 chapter 535 (SB 1288))

Disclosure of your social security number (SSN) or federal employer identification number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455(42 USCA 405(c)(2)(C) authorizes collection of your SSN or FEIN. Your SSN or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.