



STAR STATION CERTIFICATION APPLICATION

Please type or print legibly in ink. Complete all fields. If not applicable, indicate N/A. Send completed form to the address listed above or via email to STAR.APPLICATIONS@dca.ca.gov. No fee required.

STATION TYPE	Test-Only	Test-and-Repair
STATION NAME	SMOG STATION LICENSE NUMBER	
BUSINESS ADDRESS (ADDRESS OF RECORD)	Number and Street	Suite or Unit # City State Zip Code
EMAIL ADDRESS	TELEPHONE NUMBER	
BUSINESS ORGANIZATION (SELECT ONLY ONE)		
Sole Proprietorship (Individual) Partnership Limited Partnership Limited Liability Company and LLC Number _____ Corporation and Corporation Number _____		
Is any controlling individual of the business serving, or has previously served, in the United States Armed Forces?	YES	NO
Has any partner, corporate officer, trustee, member, responsible managing employee, inspector, or technician, ever been convicted of a crime related to the Smog Check Program or Automotive Repair Act? If YES, provide a statement of explanation.	YES	NO
Has any partner, corporate officer, trustee, member, responsible managing employee, inspector, or technician, ever had any license denied, suspended, revoked, or placed on probation by the Bureau of Automotive Repair (BAR)? If YES, provide a statement of explanation.	YES	NO
Has any partner, corporate officer, trustee, member, responsible managing employee, inspector, or technician, ever been found liable in a civil proceeding for any act or any omission related to the license of an automotive repair dealer, Smog Check station, or Smog Check technician? If YES, provide a statement of explanation.	YES	NO

<p>Has any partner, corporate officer, trustee, member, responsible managing employee, inspector, or technician, ever been issued a Smog Check citation by BAR that become effective within the last year?</p> <p>If YES, provide a statement of explanation.</p>	YES	NO
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CERTIFICATION

I/we hereby request and acknowledge that if, at any time after becoming certified under the STAR program the follow-up pass rate (FPR) score for any technician employed by the station drops below the minimum acceptable standard of 0.10, then that technician will be automatically removed by BAR from all the station's EIS Inspector Information Table(s), and not allowed to perform Smog Check inspections or repairs at my/our STAR certified station until the technician meets the STAR program requirements.

I/we certify under penalty of perjury under the laws of the state of California that the statements made in this application and all supporting documents pertaining to this application are true and correct.

If SOLE PROPRIETORSHIP, the owner must sign. If PARTNERSHIP or LIMITED PARTNERSHIP, all partners must sign. If CORPORATION, at least one corporate officer must sign. If LIMITED LIABILITY COMPANY, all members must sign. Attach additional page(s) if necessary.

<p>NAME First Middle Last</p>	<p>TITLE</p>
<p>SIGNATURE</p>	<p>DATE</p>
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NOTICE ON COLLECTION OF PERSONAL INFORMATION
 BAR collects personal information only as allowed by law. Please see the [Notice on Collection of Personal Information](http://www.bar.ca.gov) available at www.bar.ca.gov.