



STAR STATION QUESTIONNAIRE

SECTION A. STATION INFORMATION

Station Name _____ ARD Number _____

Station Address (Number and Street, Suite or Unit #, City, State, Zip Code) _____

Station Phone Number (XXX-XXX-XXXX) _____ Fax Number (XXX-XXX-XXXX) _____

Station Email Address _____

SECTION B. EMPLOYEES AUTHORIZED TO SIGN BILLING INVOICES AND REPAIR NOTIFICATION FORMS

Print Name	Title	Signature
Print Name	Title	Signature
Print Name	Title	Signature

SECTION C. SMOG INSPECTION FEES AND POSTED RATES

Include the total price of the stations Smog inspection fees. Do not include the cost of the certificate.

Smog Inspection Fee

OIS \$ _____ TSI \$ _____ ASM \$ _____ Motorhome \$ _____ Van w/In-Cabin Engine Cover \$ _____

Posted Hourly Repair Labor Rate \$ _____ Tax Rate _____%

Notes (Provide clarifying information to posted rates, fees, etc.) _____

SECTION D. VEHICLES REPAIRED AT STATION

Select all that apply (Note: This does not prevent the station from performing repairs on vehicles not selected.)

- | | | | | | |
|-------------|---------------|-------------------|--------|----------|-----|
| Diesel Cars | Diesel Trucks | Heavy-Duty Trucks | Hybrid | CNG | LPG |
| Motorhomes | Carbureted | European | Asian | Domestic | |

SECTION E. ACKNOWLEDGEMENT (A controlling individual of the business must sign and date.)

By signing below, I acknowledge that all information provided on this form is true and correct.

Print Name _____ Title _____

Signature _____ Date _____

SUBMIT COMPLETED FORM BY EMAIL TO ERNF@DCA.CA.GOV
 or fax it to (916) 464-1275.