



Dear Inspection Station Owner,

The California Bureau of Automotive Repair (BAR) has awarded SGS Testcom Inc. the contract to provide the Next Generation Electronic Transmission (NGET) data management services for the California Smog Check program.

This package contains all the information you will need to sign-up with SGS Testcom to participate in the California Smog Check program. Please review the Station Participation Agreement carefully as it contains all of the terms and conditions pertaining to your participation in this program. It also contains complete enrollment instructions.

To enroll, you must completely fill out and return to BAR Licensing Unit the completed and signed Inspection Enrollment Form. SGS Testcom has a full service NGET Help Desk ready to take your questions and assist you in the enrollment process. The NGET Help Desk can be reached toll-free at (866)-9NO-SMOG / (1-866-966-7664). Hours of operation are: Monday – Friday 7:30 am to 6:00 pm and Saturday 8:00 am to 5:00 pm.

We look forward to your participation in the California Smog Check program and hope to have a long relationship with your inspection business.

Thank you,  
SGS Testcom Inc.

A handwritten signature in black ink, appearing to read 'Michael Earl'. The signature is fluid and cursive, written over a white background.

Michael Earl  
Program Manager

# SGS Testcom Inc. Next Generation Electronic Transmission System ("NGET System")

## Inspection Station ("User") Enrollment Form

This Inspection Station Enrollment Form MUST be completed by User clearly and accurately. Execution and submission by User and subsequent acceptance by SGS Testcom Inc. of this properly completed and signed Enrollment Form will constitute Users enrollment for participation in NGET Program, subject to SGS Testcom Inc.'s standard terms and conditions of use, as set forth in the Station Participation Agreement (SPA) made by and between SGS Testcom Inc. (SGS Testcom), with offices at 3164 Gold Camp Drive, Suite 200, Rancho Cordova, CA 95670, and the BAR licensed inspection station business owner (Business Owner or User) identified below. **Changes to your billing address and ACH (Automated Clearing House) information can only be made by your authorized representative(s), in writing, by completing and submitting a new Enrollment Form to SGS Testcom, 3164 Gold Camp Drive Ste 200 Rancho Cordova, CA 95670 fax (916) 290-7251.** All changes to your licensing record must be coordinated and made through the BAR Licensing Unit at (916) 403-8477.

**Retain a copy of this form for your records  
Please print clearly (except where a signature is required).**

### **Station Information:**

Station License Number: \_\_\_\_\_ Business Owner/Principal's Name: \_\_\_\_\_

Name of Smog Check Station: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Station Contact Telephone: (    ) \_\_\_\_\_ FAX Number: (    ) \_\_\_\_\_

Email Address (if any): \_\_\_\_\_

Backup Contact Name: \_\_\_\_\_ Backup Contact Number: (    ) \_\_\_\_\_

### **Smog Check Station Address:**

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**Billing Address (if different from Smog Check Station Address): SGS Testcom's monthly NGET Program Invoice will be sent to this address:**

Billing Contact Name: \_\_\_\_\_

Billing Contact Telephone: ( ) \_\_\_\_\_ Billing Contact FAX Number: ( ) \_\_\_\_\_

Billing Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**ACH - Automated Clearing House - Authorization**

**Checking Account Information: The following information MUST be filled out completely if you intend to purchase Smog Check Certificates through the NGET system. \*\* PLEASE CIRCLE THE CORRECT OPTION BELOW. INFORMATION PRINTED HERE MUST MATCH THE VOIDED CHECK PROVIDED \*\***

Does your Station wish to purchase Smog Check Certificates via Automated Checking Account Debit through the NGET System?

Check one:    YES            NO

Bank Name: \_\_\_\_\_

Bank Transit/ ABA Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

**(Attach a voided check to this Form. NOTE: if submitting by fax, provide a copy of a voided check with the fax transmittal.)**

**Authorization**

The Station Business Owner ("User") has reviewed and fully understands this Inspection Station Enrollment Form and the Station Participation Agreement (SPA) and verifies that all information provided by User to SGS Testcom herein and otherwise is true, complete, and correct in all respects. By signing this Inspection Station Enrollment Form, User accepts the terms and conditions stated herein and in the SPA, and agrees that User is responsible for paying SGS Testcom Inc. and agrees to pay, by the required due date, all Charges incurred by and/or through User's ETS Unit(s). The undersigned represents and warrants that he/she is duly authorized to sign this Inspection Station Enrollment Form on behalf of User, and by doing so, User accepts the obligations stated herein and in the SPA.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_