



## REQUEST FOR STAR CERTIFICATION REINSTATEMENT

### INSTRUCTIONS

1. Complete the form below.
2. Submit the completed form and any required documentation to BAR by email or fax

**EMAIL:**     **STARreinstatement@dca.ca.gov**

**FAX:**         **(855) 641-9981**

SECTION A. STATION INFORMATION		
<b>LICENSE #</b>	<b>INVALIDATION #</b>	
<b>FACILITY NAME</b>		
<b>STREET ADDRESS</b> Number, Street, and Apt/Unit #		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
SECTION B. REINSTATEMENT REASON		
<p><b>SHORT TERM MEASURES</b> - I have verified that my station now meets all STAR performance measures for a three-month period.</p> <p>Three-Month Period End Date: _____</p>		
<p><b>FOLLOW-UP PASS RATE (FPR)</b> - Provide the inspector license # and select the appropriate item below.</p> <p>Inspector License #: _____</p>		
<p>The inspector has been removed from my station's analyzer.</p> <p>The inspector's FPR score has changed to: _____</p>		
<p><b>EQUIPMENT REQUIREMENTS</b> - I have corrected the equipment issue as specified in the STAR Certification Invalidation letter and attached the required documentation.</p>		
SECTION C. ACKNOWLEDGMENT		
<p>I have corrected the cause of my station's suspension, and pursuant to California Code of Regulation section 3392.3.1, my station is eligible to have its STAR certification reinstated.</p>		
<b>OWNER NAME</b> Last, First, Middle Initial		
<b>SIGNATURE</b>	<b>DATE</b>	