



**Bureau of Automotive Repair Licensing Unit**  
 P.O. Box 989001, West Sacramento, CA 95798-9001  
 P (855) 735-0462 F (855) 641-9982 | www.smogcheck.ca.gov

**APPLICATION FEE \$100**

**APPLICATION FOR SMOG CHECK STATION LICENSE**

License Type:  Test-Only  Repair-Only  Test-and-Repair

**INSTRUCTIONS:**

1. Read attached instructions and all information contained in this application.
2. Remit fees by check or money order made payable to the Bureau of Automotive Repair.
3. Submit completed application with all requirements and fees to the Bureau of Automotive Repair (BAR), Licensing Unit at the above address.
4. All information is mandatory and is required under Business and Professions Code Section 9884 and Labor Code Section 432.7.

|                                       |       |
|---------------------------------------|-------|
| <b><u>For Department Use Only</u></b> |       |
| License Number                        | _____ |
| Issue Date                            | _____ |
| Expiration Date                       | _____ |
| Receipt Number                        | _____ |
| ATS Number                            | _____ |

**PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158, FEES ARE NON-REFUNDABLE.**

*Please type or print legibly in ink*

|   |                               |  |                               |
|---|-------------------------------|--|-------------------------------|
| 1. Name of Business: (AS SHOWN ON INVOICES AND ADVERTISEMENTS)  |                               | 2. Automotive Repair Dealer Registration Number: |                               |
| 3. Name of Corporation: (AS FILED WITH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE)   |                               | 4. Corporation Number:                           |                               |
| 5. Business Address: Number and Street Suite or Unit # City State Zip Code  |                               |  |                               |
| NOTE: If this is a multiple facility address you <u>must</u> include the unit/suite number.   |                               |  |                               |
| 6. Mailing Address: Number and Street or Post Office Box City State Zip Code  |                               |  |                               |
| 7. Business Area Code and Telephone Number: ( )   |                               |  |                               |
| 8. List all Owners, Partners, or Corporate Officers, and Directors. (Attach additional pages if necessary.) Enter full legal names, NO INITIALS. If a legal name contains initials only, so state. If a PARTNERSHIP, list all Partners. If a CORPORATION, list all Officers and Directors, (i.e., President, Secretary, and Treasurer). If the same person holds all corporate offices, you <u>must</u> so state on the application. If a TRUST, disclosure is required and you must list all Trustees. <b>All applicants – Pursuant to Business and Professions Code Section 9884, an automotive repair dealer shall identify the owners, directors, officers, partners, managers, and other persons who directly or indirectly control or conduct the business. (See Instructions Sheet – Page 3, Number 8 regarding FEIN/SSN/ITIN requirements.)</b> |                               |  |                               |
| Full Name: Last First Middle  |                               | Title:   |                               |
| Social Security Number/Individual Tax Identification Number:  | Federal Employer I.D. Number: | Driver License Number:                           | Contact Telephone Number: ( ) |
| Home Address: Number and Street City State Zip Code   |                               |  |                               |
| Full Name: Last First Middle  |                               | Title:   |                               |
| Social Security Number/Individual Tax Identification Number:  | Federal Employer I.D. Number: | Driver License Number:                           | Contact Telephone Number: ( ) |
| Home Address: Number and Street City State Zip Code   |                               |  |                               |
| Full Name: Last First Middle  |                               | Title:   |                               |
| Social Security Number/Individual Tax Identification Number:  | Federal Employer I.D. Number: | Driver License Number:                           | Contact Telephone Number: ( ) |
| Home Address: Number and Street City State Zip Code   |                               |  |                               |

9. Applicant's Background: *Attach additional pages if necessary.*

a) **CRIMINAL CIVIL VIOLATIONS:**  
 Pursuant to Business and Professions Code Sections 480 and 490, has any person listed in number 8 ever been an Owner, Partner, Corporate Officer, Member, Director, Trustee or Responsible Managing Employee of a Sole Proprietorship, Partnership, Corporation, Limited Liability Company or Limited Partnership which has been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States?  YES  NO

Has any person listed in number 8 ever have/had a smog check technician or lamp/brake adjuster license issued by the Bureau of Automotive Repair (BAR) which has been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States?  YES  NO

If YES to any, you **must** provide a **DETAILED** statement, including the crime for which there was a conviction, the approximate date, location, and sentence served, if any.  
 (For the purpose of this question, "Offense" does not apply to minor traffic violations)

b) **ADMINISTRATIVE DISCIPLINE:**  
 Has any person listed in number 8 ever been an Owner, Partner, Corporate Officer, Member, Director, Trustee or Responsible Managing Employee of a Sole Proprietorship, Partnership, Corporation, Limited Liability Company or Limited Partnership that had an automotive repair dealer registration, smog check station license, lamp and/or brake station license, STAR certification issued by the Bureau of Automotive Repair (BAR) denied, suspended, revoked, placed on probation or been issued a citation?  YES  NO

Has any person listed in number 8 ever have/had a smog check technician or lamp/brake adjuster license issued by the Bureau of Automotive Repair denied, suspended, revoked, placed on probation or been issued a citation?  YES  NO

If YES to any, you **must** provide a **DETAILED** statement including the registration or license number disciplined, in addition to a description of the discipline imposed on that registration or license.

c) Has any person listed in 8 ever have/had any **CURRENT** automotive repair dealer registration, smog check license, lamp and/or brake station license, or STAR certificate? If YES, list Business name and registration/license number.  YES  NO

Has any person listed in 8 ever have/had any **CURRENT** smog check technician, lamp and/or brake adjuster license? If YES, list the smog check technician, lamp and/or brake adjuster license number.  YES  NO

(Attach additional pages if necessary)

d) Has any person listed in 8 ever have/had any **PRIOR** automotive repair dealer registration, smog check station license, lamp and/or brake station license, or STAR certificate? If YES, list Business name and registration number.  YES  NO

Has any person listed in 8 ever have/had any **PRIOR** smog check technician, lamp and/or brake adjuster license? If YES, list the smog check technician, lamp and/or brake adjuster license number.  YES  NO

(Attach additional pages if necessary)

10. Certification: *Attach additional pages if necessary.*

If type of ownership is SOLE PROPRIETORSHIP, the owner must sign.  
 If type of ownership is PARTNERSHIP or LP, **ALL** partners must sign.  
 If type of ownership is CORPORATION, at least one corporate officer listed in number 8 must sign.  
 If type of ownership is LLC, all members must sign.  
 Non-owner managers or other non-owner business controllers are not required to sign the application.

PLEASE NOTE: Pursuant to Title 16, California Code of Regulations section 3340.10(f), you may not perform any activities at this location for which you are required to possess a valid Smog Station License, until a Smog Station License is issued.

**Please read the following scenarios and indicate, by checking the box, that you agree to the following conditions:**

I/we understand that a station shall not qualify as a Smog Check Test-Only station if it is owned, either wholly or partially, by the same party(ies) who owns an entity providing repair services that is located adjacent to, or in the same business park, strip mall, or industrial complex.

I/we understand that a provider of Smog Check inspection and/or repair services may not refer a consumer to another entity in which I/we have a financial interest. I/we understand that a financial interest includes any ownership or compensation for business referrals including, but not limited to, direct payment, barter agreements, or "quid pro quo" arrangements.

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR SMOG CHECK STATION LICENSE APPLICATION

**LICENSE TYPE:** Check the box to the left of the license type that you are applying for.

*Please follow the instructions below to assist you in answering questions 1 – 10 on the Smog Station application.*

1. **NAME OF BUSINESS.** Write the exact name as listed on the Automotive Repair Dealer Registration (ARD) of the business.
2. **AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER:** Provide the current ARD number of the business. If the ARD has not been registered at the time of filling out this application, write **pending**.
3. **NAME OF CORPORATION:** Write the name of the corporation as filed with the California Secretary of State. (This item does not apply to businesses owned by individuals or partnerships.)
4. **CORPORATION NUMBER:** Provide the corporation number assigned by the California Secretary of State. The corporate number must be in an active status. (This item does not apply to businesses owned by individuals or partnerships.)
5. **BUSINESS ADDRESS:** You must list the physical address where business is conducted. No addresses with post office boxes are permitted. This same address should be shown on invoices and advertisements. All licenses are mailed to the business address of record.
6. **MAILING ADDRESS:** Complete **only** if you wish to receive correspondence at an address other than the business address.
7. **BUSINESS AREA CODE AND TELEPHONE NUMBER:** You must provide the business area code and telephone number of the station at which business is conducted.
8. **LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS, OR DIRECTORS, AND TRUSTEES.**
  - **Sole Proprietorship:** If the business is owned by one individual, list full name, Social Security number (SSN)/Individual Tax Identification Number (ITIN), driver license number, contact area code and telephone number, and mailing address of the owner.
  - **Partnership:** If the business is a partnership (two or more individuals), list full names, federal employer identification number (FEIN), driver license numbers, contact area code and telephone numbers, and mailing addresses of **all** partners of the business. *If the names of the partners are listed in the business name, you must also submit a SSN/ITIN for each partner listed in the business name and on the application.* (Attach additional pages if necessary.)
  - **Corporation:** If the business is a corporation, list full names, driver license numbers, contact area code and telephone numbers, and mailing addresses of **all** Officers and Directors, (i.e., President, Secretary, and Treasurer). If the same person holds all corporate offices, you **must** state so in the application. *If the names of the Officers or Directors are listed in the business name, you must also submit a SSN/ITIN for each Officer or Director listed in the business name and on the application.*
  - **Trust:** If a Trust disclosure is required and you must list all Trustees.

Pursuant to Business and Professions Code Section 9884, an automotive repair dealer shall identify the owners, directors, officers, partners, managers, and other persons who directly or indirectly control or conduct the business. (Attach additional pages if necessary.)
9. **APPLICANT'S BACKGROUND:** This section must be completed in its entirety. Check "yes" or "no" for questions a through d. Any applicable information not provided may result in denial of this application or legal action later to revoke this license.
10. **CERTIFICATION.** The appropriate person(s) must read, sign, and date section 10 of the application. Your signature affirms 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 this license.

**REQUIRED EQUIPMENT:** In accordance with Division 33 of Title 16 of the California Code of Regulations (CCR), all equipment required for the type of station license applied for must be on the premises, calibrated, and in proper working order.

**Basic Area Test-Only Station: (CCR § 3340.16)**

A smog check test-only station operating in other than an enhanced program area shall have all testing equipment and emission application and reference manuals necessary to test and/or inspect all affected vehicles, including the following:

- (1) An emissions inspection system, in accordance with the bureau's BAR-97 Emissions Inspection System Specifications.
- (2) An ignition timing light, which measures ignition advance.
- (3) A hand vacuum pump and a vacuum gauge.
- (4) Basic hand tools necessary to inspect vehicle ignition, fuel delivery, and emission control systems.
- (5) A device capable of retrieving trouble codes from vehicles with on-board computers, along with instruction on how to extract codes, and definitions of codes found.
- (6) The most currently available emission control system application information as contained in any of the nationally distributed and periodically updated manuals that address emission control systems applications; vacuum routing diagrams for all vehicles being tested; electronic component location manuals and specifications for those functional tests currently prescribed by the bureau.
- (7) The most currently available bureau manuals and bulletins.
- (8) Low-pressure fuel evaporative test equipment that has been certified by the bureau as compliant with the Low-Pressure Fuel Evaporative Tester (LPFET) Specifications.

**Enhanced Area Test-Only Station: (CCR § 3340.16)**

- (9) A smog check test-only station operating in an enhanced program area shall have all of the equipment and materials listed above, except for item (5).
- (10) A dynamometer that meets the bureau's Emissions Inspection System Specifications.
- (11) A tire pressure gauge.

**Statewide Repair-Only Station: (CCR § 3340.16.4)**

- (12) A smog check repair-only station operating in any program area shall have the equipment and materials listed above except items (1), (8), and (10), and shall have engine diagnostic equipment and repair tools that are capable of diagnosing and repairing engine ignition systems, fuel systems, emission control systems, computer engine control systems, and other related components for each vehicle type that the station diagnoses and repairs. The equipment or repair tools may be separate units, or part of a multi-functional unit. At a minimum, the station shall have the following materials, tools, and equipment:
- (13) An ignition analyzer or ignition oscilloscope capable of displaying ignition system. At a minimum, the device shall display the primary ignition system voltage and coil oscillations and the firing voltage and spark duration of the secondary ignition in either analog or digital form. For distributor-equipped systems, the device shall be capable of displaying this information for all cylinders at the same time.
- (14) A compression tester.
- (15) A tachometer/dwell meter.
- (16) A fuel pressure gauge capable of measuring the higher pressures of fuel-injected vehicles.
- (17) A propane enrichment kit.
- (18) An ammeter capable of measuring amps and milliamps.
- (19) A high impedance digital volt/ohmmeter.
- (20) Hand tools necessary to adjust, maintain, and repair vehicular ignition, fuel delivery, and emission control systems.
- (21) Diagnostic and repair information for all vehicles being tested and repaired. Such information may be in printed or electronic form and may be nationally distributed and periodically updated references that contain repair and emission procedures. These references must be up to date and include current model year supplements for automobile emission control systems. Electronic references shall be provided in printed form upon request from the bureau.
- (22) Automotive computer diagnostic and repair manuals.
- (23) Electronic component location manuals.
- (24) A device capable of retrieving trouble codes from vehicles with on-board computers, along with instructions on how to extract codes, and definitions of codes. This device shall have the ability to display and store data streams from the on-board computer systems of vehicles. The device shall be On-Board

Diagnostic II compliant, and shall have enhanced diagnostic test modes. Diagnostic data modules required to operate the device shall be kept updated to the current available calendar year.

- (25) An electronic device capable of graphically displaying any electrical or electronic signal used by an automotive computer system. The device shall have the capability of displaying the electrical or electronic signal using a voltage and time scale that is adjustable. The device shall have the capability of capturing and displaying a high frequency abnormal signal, regardless of time per division setting, or screen refresh rate.

Note: A Repair-Only station may be licensed and operate without items (13), (15) and (17), if that station, as a matter of policy, repairs vehicles powered by diesel engines or engines origination from diesel compression ignition designs only.

**Basic Area Test-and-Repair Station: (CCR 3340.16.5)**

- (26) A smog check test-and-repair station operating in a basic program area shall have all the equipment and materials listed above except item (10).

**Enhanced Area Test-and Repair Station: (CCR 3340.16.5)**

- (27) A smog check test-and-repair station operating in an enhanced program area shall have all the equipment and materials listed above.

Note: All diagnostic and repair equipment shall be, as necessary, calibrated or adjusted in accordance with the instructions of the manufacturer, and maintained in good working condition.

## **IMPORTANT INFORMATION**

### **APPLICATION FOR LICENSURE:**

Complete the attached application. Give all applicable information as requested in the instructions. Send the completed application and the \$100 fee for each business location to the Department of Consumer Affairs at the address listed on the application. After your license is approved and processed, you will be mailed a license.

### **CHANGE OF BUSINESS NAME OR ADDRESS:**

If there is a change to your business name, address, or corporate officers, please call (855) 735-0462 to request a Change of Name/Address/Corporate Officers Form. Per Title 16, California Code of Regulations Section 3351.1 (d), the Bureau of Automotive Repair must be notified within 14 days of the change of business name, address, or corporate officers.

### **CHANGE IN OWNERSHIP:**

An ownership change consists of any change in legal ownership of the licensed business, including the purchase of an existing business, addition or deletion of a partner, the transfer of any ownership interest between members of family, change of the business entity by incorporation of the business, or any other change in the corporate status that requires a new corporate number as issued by the Secretary of State. When a change in the business ownership takes place, you must cease operating as an auto repair dealer and submit a new application and fee.

### **RENEWAL OF LICENSE:**

You must renew your license by submitting an Application for Renewal every year. The Department of Consumer Affairs makes every effort to mail you a courtesy notice approximately 60 days before expiration of your current license. **However, if you do not receive a renewal notice, you are still responsible for renewing your license.** If you renew your license after the date of expiration, you will be charged a late fee of \$50.

All information requested is mandatory under Business and Professions Code Section 9884 and Title 16, California Code of Regulations Section 3351. Failure to provide any of the required information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure as a Smog Check station. Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.

Per California Civil Code Section 1798.17 (Information Practice Act), the Director of the Department of Consumer Affairs 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.

Disclosure of your Social Security number (SSN)/Individual Tax Identification Number (ITIN) 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/ITIN or FEIN. Your SSN/ITIN 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 with the requesting state. If you fail to disclose your SSN/ITIN or FEIN, your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Per Title 16, California Code of Regulations Section 3340.10(f), "No person shall operate a Smog Check station unless a license to do so has been issued by the department."