



SMOG CHECK INSPECTOR AND/OR SMOG CHECK REPAIR TECHNICIAN LICENSE APPLICATION INSTRUCTIONS

Complete this application in accordance with the instructions below and include additional pages and documents as necessary. The Bureau of Automotive Repair (BAR) cannot consider an application for licensure unless all requested information is provided. If not applicable, indicate N/A.

- Submit your completed application with all required information and fees to the BAR Licensing Program at the above address.
- Remit your fees by check or money order made payable to the Department of Consumer Affairs (DCA).
- **FEES ARE NON-REFUNDABLE PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158.**
- All applicants are required to meet the training and/or certification requirements as listed in this application (comparable military education and/or experience may be accepted) and pass an examination to obtain a license. (See Health and Safety Code sections 44045.5, 44045.6, and 44034.1.) If BAR cannot validate training requirements, a deficiency letter requesting the missing information and/or supporting documents will be sent to you. This will delay the processing of your application.
- A license will be mailed to your address of record after your application is processed and approved. The average processing time is four to six weeks from the receipt of your application, provided the application does not have any deficiencies.

RENEWAL OF LICENSE (DO NOT USE THIS APPLICATION TO RENEW YOUR LICENSE)

Smog Check Inspector (EO) and/or Smog Check Repair Technician (EI) licenses must be renewed every two years. If you hold both license types, you must renew and pay the fee for each separately. The licensee must successfully complete required continuing education and submit the renewal notice and applicable fee to the address above. The renewal notice will be mailed 150 days prior to expiration of the license(s). In the event the renewal notice is lost or was not received, the license may be renewed by submitting applicable fees as well as a photocopy of the license. When submitting payment of fees, include the license number on the check or money order and make payable to DCA.

LICENSE TYPE

Select the box(es) to the left of the license type(s) for which you are applying. There are two license types:

- Smog Check Inspector (EO): May inspect and certify the emissions control systems on vehicles subject to the Smog Check Program at a licensed Smog Check Test-Only or Test-and-Repair station.
- Smog Check Repair Technician (EI): May diagnose, adjust, and repair the emissions control systems on vehicles subject to the Smog Check Program at a licensed Smog Check Test-and-Repair or Repair-Only station.

APPLICANT INFORMATION (COMPLETE ALL SECTIONS. IF NOT APPLICABLE, INDICATE N/A.)

1. APPLICANT NAME: Provide the exact name as listed on your valid, government-issued photo identification (ID).
- 2-4. Provide the personal information requested.
5. PRIMARY TELEPHONE NUMBER: Provide the primary area code and telephone number where you can be reached.
6. ALTERNATE TELEPHONE NUMBER: Provide the alternate area code and telephone number where you can be reached.
7. ADDRESS OF RECORD: A PO Box or other non-residential address may be provided as the address of record. Your license will be sent to your address of record. The address of record is a public record and will be disclosed on BAR's website. (Business and Professions Code section 27)

8. **MAILING ADDRESS:** Provide the address at which you would like to receive correspondence. The mailing address must be either your physical business address or residential address and cannot be a PO Box. If this section is left blank, your address of record will be used as your mailing address. However, if your address of record is a PO Box you must provide a physical business or residential address as your mailing address.
9. **BACKGROUND:** This section must be completed in its entirety. Select YES or NO for all questions. Any relevant information not provided may result in denial of this application or legal action to revoke this license. Attach additional pages if necessary.

Expedited application assistance is available for current or former United States military personnel and spouses or domestic partners of active duty or reserve military personnel. A waiver of renewal requirements is available for active duty or reserve military personnel. To apply for expedited application assistance or a renewal requirement(s) waiver, you must submit required documentation as specified at www.bar.ca.gov. (See Health and Safety Code section 44031.5(d) and Business and Professions Code sections 114.3 and 115.5.)

Expedited application assistance is available for applicants who were admitted to the United States as a refugee under Section 1157 of Title 8 of the United States Code, applicants who have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or applicants who have a special immigrant visa (SIV) that has been granted status under Section 1244 of Public Law 110-181, under Public Law 109-163, or under Section 602(b) of Title VI of Division F of Public Law 111-8. (Business and Professions Code section 135.4)

Acceptable refugee, asylee, and immigration documentation includes:

- Form I-94, Arrival/Departure Record, with an admission class code such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.
 - Special immigrant visa that includes the designators “SI” or “SQ.”
 - Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.
 - An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.
10. **SMOG CHECK INSPECTOR LICENSE:** Smog Check inspector applicants must complete this section.
 11. **SMOG CHECK REPAIR TECHNICIAN LICENSE:** Smog Check repair technician applicants must complete this section.
 12. **CERTIFICATION:** Read, sign, and date section 12 of this application. Signatures affirm that all statements are true and correct. Any false statements made on this application may result in denial of this application or legal action later to revoke the license.

EXAMINATION INFORMATION

If your application is approved, you will be notified by the examination service contractor to schedule your examination.

A fee will be charged for each examination and is payable directly to the examination service contractor.

You must bring two forms of ID to the examination. One must be a valid, government-issued photo ID (e.g., driver license, passport, or military). The second ID must have your signature and legal name (e.g., social security card, credit card, etc.). The name on this application must match the name on all identification you bring to the examination.

If you have a disability or impairment for which you need assistance during an examination, please obtain the Request for Special Accommodation During Administration of Written BAR Licensing Examination form on BAR’s website or call the BAR Licensing Program at (855) 735-0462 to request the special accommodation form. This form must be completed by a health professional and submitted to the BAR Licensing Program with your application.

You must pass the examination within 90 days of receipt of notification that you are qualified to take the examination or submit a new application and fees for an examination that is scheduled beyond the 90-day period.

A new original application and fees are required after your second examination attempt or after your 90-day examination period has expired.

Examination cheating violates Business and Professions Code section 123 and can result in application denial, or suspension, revocation, or restriction of a license. Once the examination begins, no talking or other communication that may compromise examination security is permitted between applicants.

For complete examination instructions, refer to the [Candidate Information Bulletin](#) on BAR's website.

LICENSE INFORMATION

Licensure is required for all persons inspecting, testing, diagnosing, and/or repairing vehicles for the purpose of certification in the Smog Check Program. (Health and Safety Code sections 44031.5(a) and 44032)

Smog Check Inspector (EO) and/or Smog Check Repair Technician (EI) licenses shall be posted prominently under glass or other transparent material in an area frequented by customers. (California Code of Regulations, title 16, section 3340.15(d))

All licensees must inform BAR of an address change within 14 calendar days. Address changes should be faxed to the BAR Licensing Program at (855) 641-9982 or mailed to the Bureau of Automotive Repair Licensing Program at 10949 North Mather Boulevard, Rancho Cordova, CA 95670. (California Code of Regulations, title 16, section 3351.1(d))

NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION

- BAR and DCA use the personal information requested on this form to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation. BAR is authorized to collect this information by Business and Professions Code sections 30 and 9887.2, Labor Code section 432.7, Civil Code section 1798 et seq. (Information Practices Act), and California Code of Regulations section 3306.
- Pursuant to Business and Professions Code section 27, the address of record is a public record and will be posted on BAR's website.
- Disclosure of your Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), and/or your Federal Employer Identification Number (FEIN) is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC 405(c)(2)(C)) authorizes collection of your SSN/ITIN/FEIN. Your SSN/ITIN/FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN/ITIN/FEIN, your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION

BAR and DCA make every effort to protect personal information provided. However, the information provided may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 6250 et seq.), as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required by State or Federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with BAR.

Your license may be suspended by BAR if your state tax obligation is not paid.

ACCESS TO PERSONAL INFORMATION

Pursuant to Civil Code section 1798 et seq. (Information Practices Act), the Director of DCA is responsible for maintaining the information on this application. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Civil Code section 1798.40.

CONTACT INFORMATION

For questions about this notice or access to your records, you may contact the BAR Licensing Program at 10949 North Mather Boulevard, Rancho Cordova, CA 95670 or by phone at (855) 735-0462. For questions about DCA's Privacy Policy, you may contact DCA at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov. For questions about the Information Practices Act, you may contact the Attorney General's Office, California Department of Justice - Attention: Public Inquiry Unit, PO Box 944255, Sacramento, CA 94244, by phone at (800) 952-5225, or online at www.oag.ca.gov.



**SMOG CHECK INSPECTOR AND/OR
 SMOG CHECK REPAIR TECHNICIAN LICENSE
 APPLICATION
 FEE: \$20.00
 DO NOT USE THIS APPLICATION TO
 RENEW THIS LICENSE**

FOR DEPARTMENT USE ONLY
License #:
Receipt #:
ATS #:
Date Processed:

Please type or print legibly in ink. If not applicable, indicate N/A.

CLASS OF LICENSE <small>(Select one or both that apply)</small>						
SMOG CHECK INSPECTOR (EO)			SMOG CHECK REPAIR TECHNICIAN (EI)			
APPLICANT INFORMATION						
1. APPLICANT NAME		Last	First	Middle	2. DATE OF BIRTH	
3. SOCIAL SECURITY/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER						
4. GOVERNMENT PHOTO ID ISSUING AUTHORITY, DOCUMENT TITLE, AND NUMBER <small>(EXAMPLE: CALIFORNIA DRIVER LICENSE A123456)</small>						
5. PRIMARY TELEPHONE NUMBER			6. ALTERNATE TELEPHONE NUMBER			
7. ADDRESS OF RECORD		Number and Street or PO Box	Suite or Unit #	City	State	Zip Code
<small>Note: Address will be posted on BAR's website.</small>						
8. MAILING ADDRESS		Number and Street	Suite or Unit #	City	State	Zip Code
9. BACKGROUND						
a. Have you ever served in the United States military? If YES, you must provide required documentation. Refer to instructions page.					YES	NO
b. Are you married to or in a domestic partnership or other legal union with an active duty member of the U.S. military assigned to a duty station in California under official active duty military orders? If YES, you must provide required documentation. Refer to instructions page.					YES	NO
c. Are you a refugee, asylee, or holder of a special immigrant visa? If YES, you must provide required documentation. Refer to instructions page.					YES	NO
d. Has the Department of Consumer Affairs (DCA) or Bureau of Automotive Repair (BAR) ever issued you a license? If YES, provide the type of license(s) and license number(s) below:					YES	NO
e. Have you ever had a license, certificate, or registration denied, suspended, revoked, or placed on probation by DCA or BAR? If YES, provide a statement of explanation.					YES	NO

<p>f. Has DCA or BAR ever issued you a citation? If YES, provide a statement of explanation.</p>	<p>YES</p>	<p>NO</p>
<p>g. Have you ever been convicted of any offense or entered a plea of nolo contendere in the United States or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Note: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) should not be reported. Convictions that were later dismissed by the court or set aside pursuant to section 1203.4, 1203.4(a), 1203.41, or 1203.42 of the California Penal Code or equivalent non-California law MUST be disclosed. If YES, provide a statement of explanation, including the crime for which there was a conviction, the approximate date and location of the crime, and the sentence served, if any.</p>	<p>YES</p>	<p>NO</p>
<p>h. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b), have you had a conviction that was later dismissed or set aside by the court? If YES, provide a statement of explanation.</p>	<p>YES</p>	<p>NO</p>
<p>i. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? If YES, provide a statement of explanation.</p>	<p>YES</p>	<p>NO</p>

10. INSPECTOR (EO) APPLICANTS MUST COMPLETE THIS SECTION

INSPECTOR LICENSE: May inspect and certify the emissions control systems on vehicles subject to the Smog Check Program at a licensed Smog Check Test-Only or Test-and-Repair station.

REQUIREMENTS FOR LICENSURE: Examination Required. You must meet **one** of the following **three** prerequisites in order to qualify to take the examination:

a. I have successfully completed BAR specified ENGINE and EMISSION CONTROL TRAINING, AND have successfully completed the BAR Smog Check Training in the past 2 years.

b. CERTIFICATION: I am certified by the National Institute for Automotive Service Excellence (ASE) in **all three** of the following areas, and have successfully completed BAR specified Smog Check Training in the past 2 years.

- | | | |
|---|-------------|-------------------------------|
| Electrical/Electronic Systems | (A6) | Expiration date: _____ |
| Engine Performance | (A8) | Expiration date: _____ |
| Advanced Engine Performance Specialist | (L1) | Expiration date: _____ |

c. EDUCATION/EXPERIENCE: You must meet one of the requirements below:

I possess an Associate of Arts, Associate of Science, or higher degree in Automotive Technology from a state accredited or recognized college, public school, or trade school, AND have one year automotive repair experience in the engine performance area, AND have successfully completed the BAR Smog Check Training in the last 2 years; OR

I possess a certificate in automotive technology from a state accredited or recognized college, public school, or trade school with a minimum of 720 hours of course work that includes at least 280 hours of course work in the engine performance area, AND have one year of automotive repair experience in the engine performance area, AND have successfully completed the BAR Smog Check Training in the last 2 years; OR

I have a minimum of two years of automotive repair experience in the engine performance area, AND have successfully completed BAR specified Diagnostic and Repair Training in the past five years, AND have successfully completed the BAR Smog Check Training in the last 2 years; OR

I have comparable military education/experience.

APPLICANTS QUALIFYING VIA EDUCATION/EXPERIENCE MUST SUBMIT THE EXPERIENCE VERIFICATION FORM INCLUDED IN THIS APPLICATION PACKAGE, AND, AS APPLICABLE, PROVIDE A COPY OF THEIR DEGREE OR CERTIFICATE.

11. REPAIR TECHNICIAN (EI) APPLICANTS MUST COMPLETE THIS SECTION

REPAIR TECHNICIAN LICENSE: May diagnose, adjust, and repair the emissions control systems on vehicles subject to the Smog Check Program at a licensed Smog Check Test-and-Repair or Repair-Only station.

REQUIREMENTS FOR LICENSURE: Examination Required. You must meet either the Certification or Education/Experience prerequisites in order to qualify to take the examination:

a. CERTIFICATION: I am certified by the National Institute for Automotive Service Excellence (ASE) in **all three** of the following areas:

Electrical/Electronic Systems	(A6)	Expiration date: _____
Engine Performance	(A8)	Expiration date: _____
Advanced Engine Performance Specialist	(L1)	Expiration date: _____

b. EDUCATION/EXPERIENCE: You must meet one of the requirements below:

I possess an Associate of Arts, Associate of Science, or higher degree in Automotive Technology from a state accredited or recognized college, public school, or trade school, AND have one year automotive repair experience in the engine performance area; OR

I possess a certificate in automotive technology from a state accredited or recognized college, public school, or trade school with a minimum of 720 hours of course work that includes at least 280 hours of course work in the engine performance area, AND have one year of automotive repair experience in the engine performance area; OR

I have a minimum of two years of automotive repair experience in the engine performance area, AND have successfully completed BAR specified Diagnostic and Repair Training in the past five years; OR

I have comparable military education/experience.

APPLICANTS QUALIFYING VIA EDUCATION/EXPERIENCE MUST SUBMIT THE EXPERIENCE VERIFICATION FORM INCLUDED IN THIS APPLICATION PACKAGE, AND, AS APPLICABLE, PROVIDE A COPY OF THEIR DEGREE OR CERTIFICATE.

12. CERTIFICATION

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

SIGNATURE OF APPLICANT _____ DATE _____

NOTE: Once submitted, your application for Smog Check inspector and/or Smog Check repair technician license and supporting documentation become the property of BAR and will be kept as a matter of record. MAKE A COPY OF THIS COMPLETED AND SIGNED APPLICATION FOR YOUR RECORDS.

EXPERIENCE VERIFICATION

If you are applying for an initial Smog Check inspector and/or Smog Check repair technician license using education and/or experience to qualify, you **must** complete this section of the application. Applicants qualifying for licensure with ASE certification (A6, A8, and L1) are not required to complete this section of the application.

- Comparable military education and/or experience verified by official military records may be accepted in lieu of other training-related requirements listed in this application. Visit www.bar.ca.gov for required documentation.
- Employer certification is required, unless the applicant is self-employed.
- If required experience was gained from multiple employers, include information for each employer in the designated areas below.

APPLICANT INFORMATION					
APPLICANT NAME	Last	First	Middle		
CHECK <u>EACH</u> BOX THAT DESCRIBES YOUR DIAGNOSIS AND REPAIR EXPERIENCE					
ENGINE REPAIR		FUEL SYSTEMS			
DRIVEABILITY DIAGNOSIS AND REPAIR		ELECTRICAL AND ELECTRONIC SYSTEMS			
EMISSION SYSTEMS					
CURRENT OR MOST RECENT EMPLOYER CERTIFICATION (Employer/Supervisor/Manager/Military Supervisor)					
Self Employed					
I certify under penalty of perjury under the laws of the state of California that the applicant has hands-on diagnostic and repair experience in the areas indicated above and that statements made on this form by the applicant regarding his or her work under my employment are true and correct.					
NAME OF EMPLOYER/SUPERVISOR/ MANAGER/MILITARY SUPERVISOR _____					
SIGNATURE OF EMPLOYER/SUPERVISOR/ MANAGER/MILITARY SUPERVISOR _____ DATE _____					
EMPLOYMENT INFORMATION					
NAME OF BUSINESS (AS SHOWN ON AUTOMOTIVE REPAIR DEALER REGISTRATION)			AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER		
BUSINESS ADDRESS Number and Street or PO Box Suite or Unit # City State Zip Code					
BUSINESS AREA CODE AND TELEPHONE NUMBER			LENGTH OF EMPLOYMENT (YEARS/MONTHS)		
NAME OF BUSINESS (AS SHOWN ON AUTOMOTIVE REPAIR DEALER REGISTRATION)			AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER		
BUSINESS ADDRESS Number and Street or PO Box Suite or Unit # City State Zip Code					
BUSINESS AREA CODE AND TELEPHONE NUMBER			LENGTH OF EMPLOYMENT (YEARS/MONTHS)		
APPLICANT CERTIFICATION					
I certify under penalty of perjury under the laws of the state of California that I have hands-on diagnostic and repair experience in the areas indicated above and that all statements I have made on this form are true and correct.					
SIGNATURE OF APPLICANT _____ DATE _____					

NOTE: Once submitted, your application for Smog Check inspector and/or Smog Check repair technician license and supporting documentation become the property of BAR and will be kept as a matter of record. MAKE A COPY OF THIS COMPLETED AND SIGNED APPLICATION FOR YOUR RECORDS.