

## Use these Instructions if you have an AS Degree from a College in Automotive Technology

- Class of License Box:
  - Check “Smog Check Inspector box
  - Check Smog Check Repair Technician box
- Box 7 is the same as your mailing address unless you have a separate PO Box or use a business address.
- Box “11c”: check the box highlighted in orange
- Box “12b”: check the box highlighted in orange
- Box “13” Sign and date
- Complete the Experience Verification Form



**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>						
<input checked="" type="checkbox"/> SMOG CHECK INSPECTOR (EO)		<input type="checkbox"/> 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>		Same as mailing address				
8. MAILING ADDRESS		Number and Street	Suite or Unit #	City	State	Zip Code
9. EMAIL ADDRESS						
10. BACKGROUND						
a. Have you ever served in the United States military? If YES, you must provide required documentation. Refer to instructions page.					<input type="checkbox"/> YES	<input type="checkbox"/> 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.					<input type="checkbox"/> YES	<input type="checkbox"/> 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.					<input type="checkbox"/> YES	<input type="checkbox"/> 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:					<input type="checkbox"/> YES	<input type="checkbox"/> 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.					<input type="checkbox"/> YES	<input type="checkbox"/> NO

<p><b>f. Has DCA or BAR ever issued you a citation?</b> If YES, provide a statement of explanation.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><b>g. Have you ever been convicted of any offense or entered a plea of nolo contendere in the United States or a foreign country?</b> 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>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><b>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?</b> If YES, provide a statement of explanation.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><b>i. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?</b> If YES, provide a statement of explanation.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**11. 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.**

**12. 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.**

**13. 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](http://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					
<b>APPLICANT NAME</b>	Last	First	Middle		
<b>CHECK EACH BOX THAT DESCRIBES YOUR DIAGNOSIS AND REPAIR EXPERIENCE</b>					
<input type="checkbox"/> ENGINE REPAIR		<input type="checkbox"/> FUEL SYSTEMS			
<input type="checkbox"/> DRIVEABILITY DIAGNOSIS AND REPAIR		<input type="checkbox"/> ELECTRICAL AND ELECTRONIC SYSTEMS			
<input type="checkbox"/> EMISSION SYSTEMS					
CURRENT OR MOST RECENT EMPLOYER CERTIFICATION (Employer/Supervisor/Manager/Military Supervisor)					
<input type="checkbox"/> 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					
<b>NAME OF BUSINESS</b> (AS SHOWN ON AUTOMOTIVE REPAIR DEALER REGISTRATION)			<b>AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER</b>		
<b>BUSINESS ADDRESS</b> Number and Street or PO Box                      Suite or Unit #                      City                      State                      Zip Code					
<b>BUSINESS AREA CODE AND TELEPHONE NUMBER</b>			<b>LENGTH OF EMPLOYMENT</b> (YEARS/MONTHS)		
<b>NAME OF BUSINESS</b> (AS SHOWN ON AUTOMOTIVE REPAIR DEALER REGISTRATION)			<b>AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER</b>		
<b>BUSINESS ADDRESS</b> Number and Street or PO Box                      Suite or Unit #                      City                      State                      Zip Code					
<b>BUSINESS AREA CODE AND TELEPHONE NUMBER</b>			<b>LENGTH OF EMPLOYMENT</b> (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.