# Use these instructions if you have completed the **BAR Specialized Diagnostic and Repair Training** (ASE Alternative)

- > 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": complete the box highlighted in orange
- ➤ Box "12b": complete the box highlighted in orange
- ➤ Box "13" Sign and date
- Complete the Experience Verification Form



#### BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

### BUREAU OF AUTOMOTIVE REPAIR | LICENSING PROGRAM

PO Box 989001, West Sacramento, CA 95798-9001 P (855) 735-0462 F (855) 641-9982 | www.bar.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. I	f not applicable, indicate N	/A.				
CLASS OF LICENSE (S	Select one or both that apply)					
✓ SMOG CHECK INS	PECTOR (EO)	SMOG CHECK REPAIR	TECHNICIAN (EI)			
APPLICANT INFORMA	ATION					
1. APPLICANT NAME	Last	First	Middle	2. DATE (	OF BIRTH	
3. SOCIAL SECURITY/INI	DIVIDUAL TAXPAYER	R IDENTIFICATION NUM	BER	I		
4. GOVERNMENT PHOTO	D ID ISSUING AUTHO	PRITY, DOCUMENT TITL	E, AND NUMBER (EXAMPLE	LE: CALIFORNIA DRIVER LICEN	NSE A123456)	
5. PRIMARY TELEPHONE	5. PRIMARY TELEPHONE NUMBER  6. ALTERNATE TELEPHONE NUMBER					
7. ADDRESS OF RECOR			City	State	Zip Code	
8. MAILING ADDRESS	Number and Street	Suite or Unit#	City	State	Zip Code	
9. EMAIL ADDRESS						
10. BACKGROUND						
a. Have you ever ser	ved in the United State	es military?			YES	Пио
If YES, you must pr	ovide required docume	ntation. Refer to instruction	ns page.			
			nion with an active duty n	nember of the U.S.	YES	□ №
If YES, you must provide required documentation. Refer to instructions page.						
c. Are you a refugee,	, asylee, or holder of a	special immigrant visa?	•		☐ YES	Пио
If YES, you must provide required documentation. Refer to instructions page.						
d. Has the Departme	nt of Consumer Affair	s (DCA) or Bureau of Aut	tomotive Repair (BAR) ev	er issued you a license?	YES	□ NO
If YES, provide the	type of license(s) and li	cense number(s) below:				
e. Have you ever had DCA or BAR?	l a license, certificate,	or registration denied, s	suspended, revoked, or pl	aced on probation by	YES	□ NO
If YES, provide a st	atement of explanation.					

f. Has DCA or BAR ever issued you a citation?			YES	□ №		
If YES, provide a statement of explanation.						
g. Have you ever been convicted of any offense or entered a pleaforeign country?	a of nolo co	ntendere in the United States or a	YES	Пио		
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.						
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?				□NO		
If YES, provide a statement of explanation.						
i. Is any criminal action pending against you, or are you currentl entry of a plea or jury verdict?	ly awaiting j	udgment and sentencing following	YES	□NO		
If YES, provide a statement of explanation.						
11. INSPECTOR (EO) APPLICANTS MUST COMPLETE THIS SECTION	<u> </u>					
<b>INSPECTOR LICENSE</b> : May inspect and certify the emissions control syst Check Test-Only or Test-and-Repair station.	tems on veh	icles subject to the Smog Check Program at	a licensed Sr	nog		
<b>REQUIREMENTS FOR LICENSURE</b> : Examination Required. You must meet <b>one</b> of the following <b>three</b> prerequisites in order to qualify to take the examination:						
a. I have successfully completed BAR specified ENGINE ar the BAR Smog Check Training in the past 2 years.	nd EMISSIO	N CONTROL TRAINING, AND have succe	ssfully comp	leted		
b. CERTIFICATION: I am certified by the National Institute for Autor successfully completed BAR specified Smog Check Training in t			<i>i</i> ing areas, an	d have		
☐ 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 require	amente hele	M/*				
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 sta	ate accredite	d or recognized college, public school, or tra	ide school wit	h 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/EXPERIE IN THIS APPLICATION PACKAGE, AND, AS APP						

Inspector/Tech App 1A (03/2014)

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

**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 EVEN BOX IN	AT DESCRIBES VOLID	DIACNOSIS AND DED	AID EVDEDIENCE			
	HECK <u>EACH</u> BOX THAT DESCRIBES YOUR DIAGNOSIS AND REPAIR EXPERIENCE  BUSINE REPAIR  FUEL SYSTEMS					
DRIVEABILITY D	IAGNOSIS AND REPAIL	R	ELECTRICAL AND ELEC	TRONIC SYSTEMS		
☐ EMISSION SYST	EMS					
CURRENT OR MOST	RECENT EMPLOYE	R CERTIFICATION (	Employer/Supervisor/Manage	er/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					
	URE OF EMPLOYER/SUPERVISOR/ ER/MILITARY SUPERVISORDATE					
EMPLOYMENT INFO	RMATION					
NAME OF BUSINESS (AS	S SHOWN ON AUTOMOTIVE RE	PAIR DEALER REGISTRATION	AUTOMOTIVE REPAIR	DEALER REGISTRA	ATION NUMBER	
BUSINESS ADDRESS	Number and Street or PC	D Box Suite or Unit #	City	State	Zip Code	
BUSINESS AREA CODE	AND TELEPHONE NU	JMBER	LENGTH OF EMPLOYM	IENT (YEARS/MONTHS)		
NAME OF BUSINESS (A	S SHOWN ON AUTOMOTIVE RE	PAIR DEALER REGISTRATION)	AUTOMOTIVE REPAIR I	DEALER REGISTRA	TION NUMBER	
BUSINESS ADDRESS	Number and Street or PC	D Box Suite or Unit #	City	State	Zip Code	
BUSINESS AREA CODE	AND TELEPHONE NU	JMBER	LENGTH OF EMPLOYM	IENT (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 APPLIC	ANT			DATE		

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