



Bureau of Automotive Repair

Licensing Unit
 10949 N. Mather Blvd.
 Rancho Cordova, CA 95670

855.735.0462 Telephone
 888.421.7798 Fax 916.464.1972 Fax

www.smogcheck.ca.gov



STAR STATION CERTIFICATION APPLICATION

NO FEE REQUIRED

STATION TYPE: <input type="checkbox"/> Test-Only <input type="checkbox"/> Test and Repair			
STATION NAME			PHONE NUMBER (include area code)
STREET ADDRESS		CITY	STATE CA
E-MAIL ADDRESS		STATION LICENSE NUMBER	
OWNERSHIP TYPE: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLC <input type="checkbox"/> Corp - Name & No:			

Please answer the following questions. If "YES," attach additional page(s) with written explanation.

Have you or any of your partners, corporate officers, trustees, members, or any station managers or technician(s):

- Ever been convicted of a crime related to the Smog Check Program or Automotive Repair Act? Yes No
- Ever had any license denied, suspended, revoked, or placed on probation by the Bureau of Automotive Repair? Yes No
- Ever been found liable in a civil proceeding for any act or any omission related to the license of an Automotive Repair Dealer, Smog Check station, or Smog Check technician? Yes No
- Have you ever been issued a Smog Check citation by the Bureau of Automotive Repair that became effective within the last year? Yes No

CERTIFICATION

I/we hereby request and acknowledge that if, at any time after becoming certified under the STAR Program the Follow-up Pass Rate score for any technician employed by the station drops below the minimum acceptable standard of 0.1, then that technician will be automatically removed by the Bureau from all of my/our station's EIS Technician Information Tables, and not allowed to perform Smog Check inspections or repairs at my/our STAR certified station until the technician meets the STAR Program requirements. Yes No

SIGNATURE REQUIREMENTS

- If SOLE PROPRIETORSHIP, the owner must sign.
- If PARTNERSHIP or LP, all partners must sign.
- If CORPORATION, at least one corporate officer must sign.
- If LLC, all members must sign.

[attach additional page(s) if necessary]

FULL NAME: First Middle Last	TITLE:
SIGNATURE (all partners and members of a LP/LLC must sign)	DATE:

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MAIL YOUR APPLICATION TO:
 Bureau Automotive Repair
 Licensing Unit
 10949 N. Mather Blvd.
 Rancho Cordova, CA 95670 or **FAX TO:** 888.421.7798 or 916.464.1972

FOR BUREAU USE ONLY

ENHANCED AREA STATION <input type="checkbox"/>	BASIC AREA STATION <input type="checkbox"/>	CHANGE OF OWNERSHIP AREA STATION <input type="checkbox"/>
MET STAR PERFORMANCE REQUIREMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIAL	DATE
PASSED ENFORCEMENT RECORD CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIAL	REAPPLY DATE
FINAL APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIAL	DATE