



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 FOR INITIAL SMOG CHECK INSPECTOR, AND/OR SMOG CHECK REPAIR TECHNICIAN LICENSE

Overview of License Requirements:

- ◆ Licensure is required for all persons inspecting, testing, diagnosing and/or repairing vehicles with the purpose of certification in the Smog Check program. (*Per sections 44031.5 (a) and 44032 of the Health and Safety Code*)
- ◆ No person shall sell, issue, cause or permit to be issued any certificate purported to be a valid certificate of compliance or noncompliance unless licensed to do so. (*Per section 3340.35 (d) of Title 16 of the California Code of Regulations*)
- ◆ All applicants are required to meet the training and/or certification requirements as listed in this application, and pass an examination to obtain a license. An exam fee will be charged. (*Per 44045.5, 44045.6 and 44034.1 of the Health and Safety Code*)
- ◆ Upon expiration of the inspector and/or technician license immediately cease to inspect, test, or repair failed vehicles, as applicable. (*Per section 3340.30 (d) of Title 16 of the California Code of Regulations*)
- ◆ The station, inspector, and/or technician licenses shall be posted prominently under glass or other transparent material in an area frequented by customers. (*Per section 3340.15 (d) of Title 16 of the California Code of Regulations*)
- ◆ All licensees must inform Bureau of Automotive Repair (BAR) of an address change within 14 days. *Send address change to the BAR Licensing Unit at 10949 North Mather Boulevard, Rancho Cordova, CA 95670. (Per section 3351.1 (d) of Title 16 of the California Code of Regulations)*

NOTE: PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158, FEES ARE NON-REFUNDABLE

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with this agency. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

IF YOUR APPLICATION IS ACCEPTED, you will be contacted by the examination service contractor to schedule your examination. An examination fee will be required per attempt and will be payable directly to the examination service. You must bring two forms of identification to the examination. Read the Candidate Handbook for complete instructions.

You must pass the examination within 90 days of receipt of notification that you are qualified to take the exam, or you must submit a new application and fees.

Disclosure of your social security number (SSN) 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. Your SSN 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, 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.**

BAR within the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 9884 and California Code of Regulations Section 3351. BAR uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and to enforce licensing standards set by law and regulation.

Submission of the requested information is mandatory. BAR cannot consider your application for licensure unless you provide all of the requested information. To expedite the process of your application you may submit certificates of course completion for your training requirements. **Otherwise, if BAR can not validate your training requirements a deficiency letter will be sent to you requesting the missing information and/or supporting documents, which will delay the processing of your application.**

You are entitled to access records maintained by the BAR, which contain your personal information. The information you provide may be disclosed in the following circumstances: In response to a Public Records Act request (Government Code Section 6250), as allowed by the Information Practices Act (Civil Code Section 1798), to another government agency as required by state or federal law, and/or in response to a court or administrative order, a subpoena, or a search warrant.

You may contact the BAR Licensing Unit at 10949 North Mather Boulevard, Rancho Cordova 95670 (855) 735-0462 with any questions about this notice or BAR's licensing records. For questions about the Information Practices Act, you may contact the California Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Boulevard, Suite N-324, Sacramento, CA 95834, Toll Free (866) 785-9663, www.privacy.ca.gov.

Examination cheating is in violation of Section 123 of the Business and Professions Code. Examination cheating can result in denial of application, suspension, revocation and restriction of a license. Once the examination begins, no talking or other communication which compromises the exam is permitted between applicants. Details are contained in Section 123 of the Business and Professions Code. A copy is contained in the Candidate's Guide to the California Bureau of Automotive Repair Smog Check Technician Licensing Examination as well as BAR laws and regulations available at www.smogcheck.ca.gov.

APPLICATION FOR INITIAL SMOG CHECK INSPECTOR, AND/OR SMOG CHECK REPAIR TECHNICIAN LICENSE

Application Fee \$20.00

INSTRUCTIONS:

1. Read all instructions and information contained in this application.
2. Pay fees by check or money order made payable to "BAR Licensing." **DO NOT SEND CASH.**
3. Mail completed application and fees to BAR Licensing, P.O. BOX 989001, WEST SACRAMENTO, CA 95798-9001

Type of License: Check one or both that apply:

- Inspector (EO)
- Repair Technician (EI)

A single license may be issued to applicants who qualify for and pass the exams for both license types.

For BAR Use Only
Qualification Number _____
Receipt Number _____
Reviewed & Approved By _____
Date Processed _____

DO NOT USE THIS APPLICATION FOR RENEWALS

Please type or print legibly in ink

Note: Name on application must match name on your valid California Driver License or California ID Card or Active Military ID. **You must present the same photo identification at your examination.**

ALL APPLICANTS MUST COMPLETE THIS SECTION				
Applicant's Full Name: Last		First	Middle	
Date of Birth: Month	Day	Year	Social Security Number:	
Valid California Driver License/California Identification Card/or Military I.D. Number:				
Applicant's Home Address: Number and Street (No Post Office Boxes)		City	State	Zip Code
Applicant's Mailing Address: (if different than above) Number and Street (No Post Office Boxes)		City	State	Zip Code
Applicant's Home Area Code and Telephone Number:		Applicant's Work Area Code and Telephone Number:		
Employer's Full Business Name: (if currently employed)		Automotive Repair Dealer Registration or Fleet Station License Number: (if applicable)		
Business Address: Number and Street		City	State	Zip Code
Applicant's Background: Attach additional sheets if necessary.				
1. Has the Department of Consumer Affairs (DCA) or Bureau of Automotive Repair (BAR) ever issued you a license? If yes, please list all license and registration numbers:				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever had a license, certificate, or registration denied, suspended, revoked, or placed on probation by the DCA or BAR? If yes, please explain:				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Has the DCA or BAR ever issued you a citation? If yes, please explain:				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you ever been convicted of, or pled nolo contendere to, any misdemeanor or felony offense of any state, or of the United States of America? If yes, please explain:				
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

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:

1. I have successfully completed BAR specified ENGINE and EMISSION CONTROL TRAINING (Level 1), AND have successfully completed the BAR Smog Check Training (Level 2) within the past two years.

2. **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 (Level 2) in the past 2 years.

Electrical/Electronic Systems (A6) Expiration date: _____

Engine Performance (A8) Expiration date: _____

Advanced Engine Performance Specialist (L1) Expiration date: _____

3. **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 (Level 2) 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 course work that includes at least 280 hours 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 (Level 2) 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 (Level 2) in last 2 years.

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.

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:

1. **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: _____

2. **EDUCATION/EXPERIENCE:** You must meet **one** of the education or experience 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 course work that includes at least 280 hours 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.

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.

I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS I HAVE MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant: _____ Date: _____

EXPERIENCE VERIFICATION

- If you are applying for a Smog Check Repair Technician and/or Inspector License using Education/Experience, you **must** complete this form. Applicants qualifying with ASE certification (A6, A8, and L1) do **not** need to complete this form.
- Employer certification is required, unless self-employed.
- If required experience was gained from multiple employments, include employment information for each location.
- Upon submitting this form with your application, the form becomes the property of BAR and will be kept as a matter of record. **Please make a copy of the completed and signed form for your own records.**

Applicant's Name: _____ **Date:** _____
(Print Your Full Name)

My diagnosis and repair experience is in the following categories. Please check **each** box that applies to your experience:

- | | |
|---|---|
| <input type="checkbox"/> Engine Repair
<input type="checkbox"/> Driveability Diagnosis & Repair
<input type="checkbox"/> Emission Systems | <input type="checkbox"/> Fuel Systems
<input type="checkbox"/> Electrical & Electronic Systems |
|---|---|

Employment Information	
Name of Business: <small>(AS SHOWN ON INVOICES AND ADVERTISEMENTS)</small>	Automotive Repair Dealer Registration Number:
How long have you worked here? Years / Months	
Business Address: Number and Street Suite or Unit # City State Zip Code	
Business Area Code and Telephone Number: ()	

Employer Certification: Employer/ Supervisor/ Manager/ Military Supervisor, please verify the length of time the applicant has worked for you and the type of work the applicant performs or has performed for your business.

Name of Employer / Supervisor / Manager / Military Supervisor: _____

I CERTIFY, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE APPLICANT HAS FULL-TIME, 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 Employer / Supervisor / Manager / Military Supervisor: _____ Date: _____

Applicant Certification:

I CERTIFY, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT I HAVE FULL-TIME, 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: _____