

**Bureau of Automotive Repair Licensing Unit**

P.O. Box 989001, West Sacramento, CA 95798-9001

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# APPLICATION FOR LAMP STATION LICENSE

## Fee \$10

<u>For Department Use Only</u>	
License Number	_____
Issue Date	_____
Class Type	_____ <u>A</u> _____
Expiration Date	_____
Receipt Number	_____
ATS Number	_____

**INSTRUCTIONS:**

1. Read attached instructions and all information contained in this application.
2. Remit fees by check or money order made payable to the Bureau of Automotive Repair.
3. Submit completed application with all requirements and fees to the Bureau of Automotive Repair Licensing Unit at the above address.
4. All information is mandatory and is required under Business and Professions Code Section 9887.2 and California Code of Regulations 3315.

**PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158, FEES ARE NON-REFUNDABLE.**

*Please type or print legibly in ink*

1. Name of Business: (AS SHOWN ON INVOICES AND ADVERTISEMENTS)		2. Automotive Repair Dealer Registration Number:	
3. Name of Corporation: (AS FILED WITH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE)		4. Corporation Number:	
5. Business Address: Number and Street Unit or Suite # City State Zip Code			
NOTE: If this is a multiple facility address you <u>must</u> include the unit/suite number.			
6. Mailing Address: Number and Street or Post Office Box City State Zip Code			
7. Business Area Code and Telephone Number: ( )			
8. List all Owners, Partners, or Corporate Officers, and Directors. (Attach additional pages if necessary.) Enter full legal names, NO INITIALS. If a legal name contains initials only, so state. If a PARTNERSHIP, list all Partners. If a CORPORATION, list all Officers and Directors, (i.e., President, Secretary, and Treasurer). If the same person holds all corporate offices, you <u>must</u> so state on the application. If a TRUST, disclosure is required and you must list all Trustees. <b>All applicants - Under Business and Professions Code Section 9884, an automotive repair dealer and station shall identify the owners, directors, officers, partners, managers, and other persons who directly or indirectly control or conduct the business. (See Instructions Sheet – Page 3, Number 8 regarding FEIN/SSN/ITIN requirements.)</b>			
Full Name: Last First Middle		Title:	
Social Security Number/Individual Tax Identification Number:	Federal Employer I.D. Number:	Driver License Number:	Contact Telephone Number: ( )
Home Address: Number and Street City State Zip Code			
Full Name: Last First Middle		Title:	
Social Security Number/Individual Tax Identification Number:	Federal Employer I.D. Number:	Driver License Number:	Contact Telephone Number: ( )
Home Address: Number and Street City State Zip Code			
Full Name: Last First Middle		Title:	
Social Security Number/Individual Tax Identification Number:	Federal Employer I.D. Number:	Driver License Number:	Contact Telephone Number: ( )
Home Address: Number and Street City State Zip Code			

9. Applicant's Background: *Attach additional pages if necessary.*

a) CRIMINAL CIVIL VIOLATIONS:

Pursuant to Business and Professions Code Sections 480 and 490, has any person listed in number 8 ever been an Owner, Partner, Corporate Officer, Member, Director, Trustee or Responsible Managing Employee of a Sole Proprietorship, Partnership, Corporation, Limited Liability Company or Limited Partnership which has been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States?  YES  NO

Has any person listed in number 8 have/had a smog check technician or lamp/brake adjuster license issued by the Bureau of Automotive Repair (BAR) been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States?  YES  NO

If YES to any, you **must** provide a **DETAILED** statement, including the crime for which there was a conviction, the approximate date, location, and sentence served, if any.

(For the purpose of this question, "Offense" does not apply to minor traffic violations)

b) ADMINISTRATIVE DISCIPLINE:

Has any person listed in number 8 been an Owner, Partner, Corporate Officer, Member, Director, Trustee or Responsible Managing Employee of a Sole Proprietorship, Partnership, Corporation, Limited Liability Company or Limited Partnership that had an automotive repair dealer registration, smog check station license, lamp and/or brake station license, gold shield certification issued by the Bureau of Automotive Repair (BAR) denied, suspended, revoked, placed on probation or been issued a citation?  YES  NO

Has any person listed in number 8 ever have/had a smog check technician or lamp/brake adjuster license issued by the Bureau of Automotive Repair denied, suspended, revoked, placed on probation or been issued a citation.  YES  NO

If YES to any, you **MUST** provide a **DETAILED** statement, including the registration or license number disciplined, in addition to a description of the discipline imposed on that registration or license.

c) Does any person listed in 8 have/had any **CURRENT** automotive repair dealer registration, smog check station license, lamp and/or brake station, or STAR certification? If YES, list Business name and registration/license number.  YES  NO

Does any person listed in 8 ever have/had any **CURRENT** smog check technician, lamp and/or brake adjuster license? If YES, list the smog check technician, lamp and/or brake adjuster license number.  YES  NO

(Attach additional pages if necessary)

d) Has any person listed in 8 have/had any **PRIOR** automotive repair dealer registration, smog check station license, lamp and/or brake station license, or STAR certification? If YES, list Business name and registration number.  YES  NO

Has any person listed in 8 ever have/had any **PRIOR** smog check technician, lamp and/or brake adjuster license? If YES, list the smog check technician, lamp and/or brake adjuster license number.  YES  NO

(Attach additional pages if necessary)

10. Certification: *Attach additional pages if necessary.*

If type of ownership is SOLE PROPRIETORSHIP, the owner must sign.  
 If type of ownership is PARTNERSHIP or LP, **ALL** partners must sign.  
 If type of ownership is CORPORATION, at least one corporate officer listed in number 8 must sign.  
 If type of ownership is LLC, all members must sign.  
 Non-owner managers or other non-owner business controllers are not required to sign the application.

PLEASE NOTE: Pursuant to Title 16, California Code of Regulations section 3340.10(f), you may not perform any activities at this location for which you are required to possess a valid Lamp Station License, until a Lamp Station License is issued.

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR LAMP STATION LICENSURE

*Please follow the instructions below to assist you in answering questions 1 – 10 on the application.*

1. **NAME OF BUSINESS.** Write the exact name as listed on the Automotive Repair Dealer Registration (ARD) number of the business.
2. **AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER:** Provide the current ARD number of the business. If the ARD has not been registered at the time of filling out this application, write **pending**.
3. **NAME OF CORPORATION:** Write the name of the corporation as filed with the California Secretary of State. (This item does not apply to businesses owned by individuals or partnerships.)
4. **CORPORATION NUMBER:** Provide the corporation number assigned by the California Secretary of State. The corporate number must be in an active status. (This item does not apply to businesses owned by individuals or partnerships.)
5. **BUSINESS ADDRESS:** You must list the physical address where business is conducted. No addresses with post office boxes are permitted. This same address should be shown on invoices and advertisements. All licenses are mailed to the business address of record.
6. **MAILING ADDRESS:** Complete **only** if you wish to receive correspondence at an address other than the business address.
7. **BUSINESS AREA CODE AND TELEPHONE NUMBER:** You must provide the business area code and telephone number at which the station business is conducted.
8. **LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS, OR DIRECTORS, AND TRUSTEES.**
  - **Sole Proprietorship:** If the business is owned by one individual, list full name, Social Security number (SSN)/ Individual Tax Identification Number (ITIN), driver license number, contact area code and telephone number, and mailing address of the owner.
  - **Partnership:** If the business is a partnership (two or more individuals), list full names, federal employer identification number (FEIN), driver license numbers, contact area code and telephone numbers, and mailing addresses of all partners of the business. *If the names of the partners are listed in the business name, you must also submit a SSN/ITIN for each partner listed in the business name and on the application.* (Attach additional pages if necessary.)
  - **Corporation:** If the business is a corporation, list full names, driver license numbers, contact area code and telephone numbers and mailing addresses of all Officers and Directors, (i.e., President, Secretary, and Treasurer). If the same person holds all corporate offices, you must state so in the application. *If the names of the Officers or Directors are listed in the business name, you must also submit a SSN/ITIN for each Officer or Director listed in the business name and on the application.*
  - **Trust:** If a Trust, disclosure is required and you must list all Trustees.

Pursuant to Business and Professions Code Section 9884, an automotive repair dealer shall identify the owners, directors, officers, partners, managers, and other persons who directly or indirectly control or conduct the business. (Attach additional pages if necessary.)
9. **APPLICANT'S BACKGROUND:** This section must be completed in its entirety. Check "yes" or "no" for questions a through d. Any applicable information not provided may result in denial of this application or legal action later to revoke this license.
10. **CERTIFICATION.** Have appropriate person(s) read, sign, and date section 10 of the application. Your signature affirms that all statements are true and correct. Any false statements made on this application may result in denial of the application or legal action later to revoke this license.

**REQUIRED EQUIPMENT:** All equipment required per Division 33 of Title 16 of the California Code of Regulations Section 3316 must be on the premises in proper working order and in calibration in accordance with the type of station license.

**PLEASE NOTE:** In order to operate as a lamp station, a licensed lamp adjuster with the appropriate license for the work being performed is required to be on the premises at all times.

## IMPORTANT

All information requested is mandatory under Business and Professions Code Section 9884 and California Code of Regulations Section 3351. Failure to provide any of the required information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure as a lamp station. Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.

Per California Civil Code, Section 1798.17 (Information Practice Act), the Director of the Department of Consumer Affairs is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

Disclosure of your Social Security number (SSN)/Individual Tax Identification Number (ITIN) or federal employer identification number (FEIN) 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/ITIN or FEIN. Your SSN/ITIN or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure with the requesting state. If you fail to disclose your SSN/ITIN or FEIN, your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Per Business and Professions Code Section 9888.3, "No person shall operate an official lamp or brake adjusting station unless a license therefore has been issued by the director."

## ADDITIONAL INFORMATION

### APPLICATION FOR LICENSURE:

Complete the attached application. Give all applicable information, as requested in the instructions. Send the completed application and the \$10 fee for each business location to the Department of Consumer Affairs at the address listed on the application. After your license is approved and processed, you will be mailed a license. The average processing time is 4–6 weeks from the receipt of your application, providing the application does not have any deficiencies.

### CHANGE OF BUSINESS NAME OR ADDRESS:

If the business name or address changes, please call (855) 735-0462 to request a Change of Name/Address Form. The Bureau of Automotive Repair must be notified of a name or address change within 14 days.

### CHANGE IN OWNERSHIP:

An ownership change consists of any change in legal ownership of the licensed business, including the purchase of an existing business, addition or deletion of a partner, the transfer of any ownership interest between members of family, change of the business entity by incorporation of the business, or any other change in the corporate status that requires a new corporate number as issued by the Secretary of State. When a change in the business ownership takes place, you must cease operating as an automotive repair dealer and lamp station and submit new applications and fees.

### RENEWAL OF LICENSE:

You must renew your license by submitting an Application for Renewal every year. The Department of Consumer Affairs may mail you a courtesy notice approximately 60 days before expiration of your current license. However, if you do not receive a renewal notice, you are still responsible for renewing your license. If you renew your license after the date of expiration, you will be charged a late fee of \$2.50.