



Bureau of Automotive Repair

**Licensing Unit**10949 N. Mather Blvd.  
Rancho Cordova, CA 95670855.735.0462 Telephone  
888.421.7798 Fax 916.464.1972 Fax[www.smogcheck.ca.gov](http://www.smogcheck.ca.gov)**STAR STATION CERTIFICATION APPLICATION**

NO FEE REQUIRED

<b>STATION TYPE:</b> <input type="checkbox"/> Test-Only <input type="checkbox"/> Test and Repair			
STATION NAME			PHONE NUMBER (include area code)
STREET ADDRESS		CITY	STATE <b>CA</b>
E-MAIL ADDRESS		STATION LICENSE NUMBER	
<b>OWNERSHIP TYPE:</b> <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 0.10, 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