



REQUEST FOR STAR CERTIFICATION REINSTATEMENT

INSTRUCTIONS

1. Complete the form below.
2. Submit the completed form and any required documentation to BAR by email or fax

EMAIL: STAR.Reinstatements@dca.ca.gov

FAX: (888) 421-7798

SECTION A. STATION INFORMATION		
LICENSE #	INVALIDATION #	
FACILITY NAME		
STREET ADDRESS Number, Street, and Apt/Unit #		
CITY	STATE	ZIP CODE
SECTION B. REINSTATEMENT REASON		
<p>SHORT TERM MEASURES - I have verified that my station now meets all STAR performance measures for a three-month period. Three-Month Period End Date: _____</p>		
<p>FOLLOW-UP PASS RATE (FPR) - Provide the inspector license # and select the appropriate item below. Inspector License #: _____</p>		
<p>The inspector has been removed from my station's analyzer. The inspector's FPR score has changed to: _____</p>		
<p>EQUIPMENT REQUIREMENTS - I have corrected the equipment issue as specified in the STAR Certification Invalidation letter and attached the required documentation.</p>		
SECTION C. ACKNOWLEDGMENT		
<p>I have corrected the cause of my station's suspension, and pursuant to California Code of Regulation section 3392.3.1, my station is eligible to have its STAR certification reinstated.</p>		
OWNER NAME Last, First, Middle Initial		
SIGNATURE	DATE	