

## STAR STATION QUESTIONNAIRE

### SECTION A. STATION INFORMATION

Station Name

ARD Number

Station Address (Number and Street, Suite or Unit #, City, State, Zip Code)

Station Phone Number (XXX-XXX-XXXX)

Fax Number (XXX-XXX-XXXX)

Station Email Address

### SECTION B. EMPLOYEES AUTHORIZED TO SIGN BILLING INVOICES AND REPAIR NOTIFICATION FORMS

Print Name

Title

Signature

Print Name

Title

Signature

Print Name

Title

Signature

### SECTION C. SMOG INSPECTION FEES AND POSTED RATES

Include the total price of the stations Smog inspection fees. Do not include the cost of the certificate.

Smog Inspection Fee

OIS \$ \_\_\_\_\_

TSI \$ \_\_\_\_\_

ASM \$ \_\_\_\_\_

Motorhome \$ \_\_\_\_\_

Van w/In-Cabin Engine Cover \$ \_\_\_\_\_

Posted Hourly Repair Labor Rate \$ \_\_\_\_\_

Tax Rate \_\_\_\_\_%

Notes (Provide clarifying information to posted rates, fees, etc.)

### SECTION D. VEHICLES REPAIRED AT STATION

Select all that apply (Note: This does not prevent the station from performing repairs on vehicles not selected.)

Diesel Cars

Diesel Trucks

Heavy-Duty Trucks

Hybrid

CNG

LPG

Motorhomes

Carbureted

European

Asian

Domestic

### SECTION E. ACKNOWLEDGEMENT (A controlling individual of the business must sign and date.)

By signing below, I acknowledge that all information provided on this form is true and correct.

Print Name

Title

Signature

Date

**SUBMIT COMPLETED FORM BY EMAIL TO [ERNF@DCA.CA.GOV](mailto:ERNF@DCA.CA.GOV)**  
or fax it to (916) 464-1275.