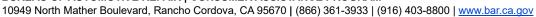


BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY $\, \cdot \,$ GAVIN NEWSOM, GOVERNOR

BUREAU OF AUTOMOTIVE REPAIR | CONSUMER ASSISTANCE PROGRAM





STAR STATION QUESTIONNAIRE

SECTION A. STATION INFORMATION						
Station Name			ARD Nun	nber		
Station Address (Number an	d Street, Suite or Unit	#, City, State, Zip Code)				
Station Phone Number (XXX-XXX-XXXX)			Fax Num	Fax Number (XXX-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
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 INS			the cost of the c	ertificate.		
Smog Inspection Fee						
OIS \$	TSI \$	ASM \$	Motorho	me \$	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		
	SUBMI	T COMPLETED FORM or fax it t	1 BY EMAIL T o (916) 464-12		A.GOV	