



## STAR STATION QUESTIONNAIRE

**INSTRUCTIONS**

1. Complete all sections.
2. Print, sign, and date the form.
3. For **initial** STAR certification, mail the form with original signature(s) to the address listed above. For **existing** STAR certified stations, provide any changes to rates, fees, or personnel, and fax the signed form to the number above.

Please type or print legibly in ink.

SECTION A. LICENSEE INFORMATION			
<b>STATION NAME</b>		<b>ARD NUMBER</b>	
<b>BUSINESS ADDRESS</b> <span style="float: right;">Number and Street</span>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
<b>PHONE NUMBER</b>		<b>FAX NUMBER</b>	
<b>BUSINESS EMAIL ADDRESS</b>			
SECTION B. LIST EMPLOYEES AUTHORIZED TO SIGN BILLING INVOICES AND REPAIR NOTIFICATION FORMS			
<b>PRINT NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	
<b>PRINT NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	
<b>PRINT NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	
SECTION C. SMOG INSPECTION FEES AND POSTED RATES			
Include the total price of the smog inspection fee. Do not include the cost of the certificate.			
<b>SMOG INSPECTION FEE LIGHT DUTY TRUCKS AND CARS</b>		<b>SMOG INSPECTION FEE HEAVY DUTY TRUCKS AND/OR MOTORHOMES (IF DIFFERENT)</b>	
OIS           \$ _____		OIS           \$ _____	
ASM           \$ _____    TSI           \$ _____		ASM           \$ _____    TSI           \$ _____	
ASM w/LPFET \$ _____    TSI w/LPFET \$ _____		ASM w/LPFET \$ _____    TSI w/LPFET \$ _____	
<b>POSTED HOURLY REPAIR LABOR RATE</b>		<b>SALES TAX RATE</b>	
\$ _____		_____ %	
<b>NOTES</b> (Provide clarifying information to posted rates, fees, coupons, etc.)			
SECTION D. SIGNATURES			
<b>PRINT NAME</b>	<b>OWNER'S SIGNATURE</b>	<b>DATE</b>	
<b>PRINT NAME</b>	<b>OWNER'S SIGNATURE</b>	<b>DATE</b>	