



## CERTIFICATE ORDER FORM

### STATION INFORMATION

Automotive Repair Dealer (ARD) Name ARD Registration Number

Owner/Responsible Managing Employee (RME)

Address (Number and Street, Suite or Unit #, City, State, and Zip Code) **Do not include PO Box**

Phone Number

### CREDIT WATCH CLEARANCE

Check this box if clearing an electronic transmission certificate credit watch. Additional certificates cannot be purchased until the credit watch has cleared. Enclose a check or money order in the amount specified below.

### CERTIFICATES REQUEST (BOOKS OF 50)

SMOG CHECK CERTIFICATES	QUANTITY	PRICE/BOOK	TOTAL
BAR-OIS OR BAR-97 ANALYZER ID NUMBER			
BAR-OIS OR BAR-97 ANALYZER ID NUMBER			
BAR-OIS OR BAR-97 ANALYZER ID NUMBER			
BAR-OIS OR BAR-97 ANALYZER ID NUMBER			

VEHICLE SAFETY SYSTEMS INSPECTION CERTIFICATES	QUANTITY	PRICE/BOOK	TOTAL
BAR-SIS ANALYZER ID NUMBER			
BAR-SIS ANALYZER ID NUMBER			
BAR-SIS ANALYZER ID NUMBER			
BAR-SIS ANALYZER ID NUMBER			

**GRAND TOTAL**

### CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY under the laws of the state of California that all statements made on this form are true and correct.

Owner/RME Signature Date

**SUBMIT COMPLETED ORDER FORM AND PAYMENT BY MAIL TO  
 BAR, PO BOX 989001, WEST SACRAMENTO, CA 95798-9001**

Make check or money order payable to Department of Consumer Affairs. Allow 15 working days for delivery.