

## BUREAU CERTIFIED TRAINING INSTITUTION APPLICATION

New Certification

Certification Renewal

Institution Number: 99 \_\_\_\_\_

Complete all fields. If not applicable, indicate N/A. Attach additional pages if necessary.

### APPLICANT INFORMATION

Name of Institution \_\_\_\_\_

Institution Address (Number and Street, Suite or Unit #, City, State, and Zip Code) \_\_\_\_\_

Mailing Address (Number and Street or PO Box, Suite or Unit #, City, State, and Zip Code) \_\_\_\_\_

Contact for Student Class Schedules and Enrollment Information \_\_\_\_\_

Contact Phone Number (XXX-XXX-XXXX) \_\_\_\_\_

Institution Website \_\_\_\_\_

**Is this institution a California public educational institution?**

**YES      NO**

If you answered NO, answer the following question.

**Has your institution received an "Approval to Operate" notice or letter of "Approved Exemption" from the Department of Consumer Affairs' Bureau of Postsecondary Education (BPPE)?**

**YES      NO**

If YES, include a copy of your letter of approval/exemption with this application.

If NO, contact BPPE at (888) 370-7589 or visit [www.bppe.ca.gov](http://www.bppe.ca.gov).

Administrative Contact \_\_\_\_\_

Administrative Contact Phone Number (XXX-XXX-XXXX) \_\_\_\_\_

Administrative Contact Email \_\_\_\_\_

List all Bureau Certified Instructors (Attach additional pages is necessary)

Name \_\_\_\_\_

CI Number \_\_\_\_\_

Name \_\_\_\_\_

CI Number \_\_\_\_\_

Name \_\_\_\_\_

CI Number \_\_\_\_\_

Name \_\_\_\_\_

CI Number \_\_\_\_\_

Name \_\_\_\_\_

CI Number \_\_\_\_\_

Name \_\_\_\_\_

CI Number \_\_\_\_\_

### For Department Use Only

Processed by: \_\_\_\_\_

Date processed: \_\_\_\_\_

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**MILITARY AND RESETTLEMENT INFORMATION**

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**Has any person listed on this application ever served in the United States military or married to or in a domestic partnership or any other legal union with an active-duty member of the US military assigned to a duty station in California under official active-duty military orders?**

**YES      NO**

If YES, you may qualify for expedited application processing. Attach the following documentation: (1) a certificate of marriage/domestic partnership, (2) a copy of the military orders establishing the spouse's/partner's duty station in California, and (3) written verification from the licensing agency/entity stating that the applicant holds a current license in good standing. (Business and Professions Code section 115.5)

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**Is any person listed on this application a refugee, asylee, or holder of a special immigration visa?**

**YES      NO**

If YES, the applicant may qualify for expedited application processing. Attach the following documentation, as applicable: Form I-94, arrival/departure record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee; Special Immigrant Visa that includes "SI" or "SQ"; Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee; an order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure. (Business and Professions Code section 135.4)

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**BACKGROUND**

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**Has any person listed on this application ever been convicted of any offense or entered a plea of nolo contendere in this or any other state in the United States or a foreign country?**

This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), or section 11360(b) should not be reported. Convictions that were later dismissed by the court or set aside pursuant to Section 1203.4, 1203.4(a), 1203.41, 1203.42, or 1203.425 of the California Penal Code or equivalent non-California law MUST be disclosed.

**YES      NO**

If YES, provide a statement of explanation. For CRIMINAL CONVICTIONS, include: the date and place of arrest, name of court, court case number, code section violated, brief explanation of the offense, and the sentence imposed. For DISCIPLINE, include: the type of license, effective date and type of disciplinary action, name and location of licensing board, and brief explanation of violations found by the licensing board. For CITATIONS, include: the type of license, effective date, name and location of licensing board, and a brief explanation of violations cited by the licensing board.

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**Exclusive of juvenile court adjudications and criminal charges dismissed under Section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), or section 11360(b), has any controlling individual of the business had a conviction that was later dismissed or set aside by the court?**

**YES      NO**

If YES, provide a statement of explanation. Include the date and place of arrest, name of court, court case number, code section violated, brief explanation of the offense, and the sentence imposed.

Has any person listed on this application, ever had a license, registration, or certification that was denied or formally disciplined by a licensing board in or outside of California, including BAR, or any board in the Department of Consumer Affairs (as defined in Section 22 of the Business and Professions Code) within the preceding seven years? Discipline includes a citation, reproof, suspension, revocation, probation or any other form of restriction placed on the license, registration, or certification.

YES NO

If YES, provide a statement of explanation. For DISCIPLINE, include: the type of license, effective date and type of disciplinary action, name and location of licensing board, and brief explanation of violations found by the licensing board. For CITATIONS, include: the type of license, effective date, name and location of licensing board, and a brief explanation of violations cited by the licensing board.

CERTIFICATION

I certify under penalty of perjury under the laws of the state of California that all the statements I have made in this application, and all attached supporting documents pertaining to this application are true and correct.

Signature Date

SUBMIT COMPLETED APPLICATION BY EMAIL TO [BAR.HCSU@DCA.CA.GOV](mailto:BAR.HCSU@DCA.CA.GOV).  
or by mail to BAR, HCSU, 10949 North Mather Boulevard, Rancho Cordova, CA 95670

# IMPORTANT APPLICANT INFORMATION

## APPLICATION FOR CERTIFICATION

Complete the application. Provide all applicable information, as requested. Send the completed application to BAR Hardware Certification and Schools Unit (HCSU) by email to [BAR.HCSU@dca.ca.gov](mailto:BAR.HCSU@dca.ca.gov) or mail to BAR HCSU, 10949 North Mather Boulevard, Rancho Cordova, CA 95670. After your certification is initially approved and processed, you will be notified of an institution audit. Certification will be issued when the audit verifies that all equipment is on the premises, in working order, in calibration, and materials and software are up to date. The average processing time is 6-8 weeks from the receipt of your application, providing the application and/or institution does not have any deficiencies.

## REQUIRED EQUIPMENT

Schools are required to possess all equipment per BAR's Smog Check Manual referenced in Section 3340.45 of Article 5.5 of Chapter 1 of the California Code of Regulations. All equipment referenced in the Smog Check Manual must be on the premises, in proper working order, and in calibration in accordance with STAR test-and-repair station requirements.

## CHANGE OF INSTIUTION NAME OR ADDRESS

If the business name or address changes, please inform the BAR HCSU within 14 days and a new audit will be scheduled.

## CHANGE IN OWNERSHIP

An ownership change consists of any change in legal ownership of the licensed business, including the purchase of an existing business, addition or deletion of a partner, the transfer of any ownership interest between members of family, change of the business entity by incorporation of the business, or any other change in the corporate status that requires a new corporate number as issued by the Secretary of State. When a change in the business ownership takes place, you must cease operating as a BAR certified training institution and submit a new application.

## RENEWAL OF CERTIFICATION

You must renew your certification every year by completing this application. Enter the institution number previously assigned by BAR. BAR may email you a courtesy notice approximately 60 days before expiration of your current certification. However, if you do not receive a renewal notice, you are still responsible for renewing your certification.

## NOTICE ON COLLECTION OF PERSONAL INFORMATION

BAR collects personal information only as allowed by law. Please see the [Notice on Collection of Personal Information](#) available at [www.bar.ca.gov](http://www.bar.ca.gov).