



CERTIFIED REMEDIAL TRAINING PROVIDER APPLICATION

IMPORTANT: Complete this application in accordance with the instructions below. Submit the completed application to the Bureau of Automotive Repair (BAR) at the address listed above.

- You will be notified if your application is approved or denied after your application and remedial training material have been reviewed. The average processing time is 6-8 weeks from the receipt of your application.
- You must submit a new application to renew your certification every five years. 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.

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

1. **NAME:** Provide your legal name as it appears on your license from the State Bar of California.
2. **HOME ADDRESS:** Provide your street address, city, state, and zip code.
3. **MAILING ADDRESS:** Provide an optional address at which you would like to receive correspondence from BAR.
4. **HOME TELEPHONE NUMBER:** Provide your home area code and phone number.
5. **WORK TELEPHONE NUMBER:** Provide your work area code and phone number.
6. **EMAIL ADDRESS:** Provide an email address to receive correspondence from BAR.
7. **SOCIAL SECURITY/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER:** Provide your Social Security or Individual Taxpayer Identification Number.
8. **REQUIREMENTS FOR CERTIFICATION:**
 - Provide your State Bar of California license number and expiration date.
 - Attach an outline and description for the remedial training course. For minimum requirements, see California Code of Regulations, title 16, section 3395.8(a)(9).
9. **BACKGROUND:** Select YES or NO for each question. If YES, provide all applicable information and documentation. Any applicable information not provided on this application may result in denial of this application.
10. **CERTIFICATION:** Read, sign, and date this application. Signature affirms that all statements are true and correct. Any false statement made on this application may result in denial of the application or legal action later to revoke the certification.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION

BAR and the Department of Consumer Affairs (DCA) collect the personal information requested on this form as authorized by the California Code of Regulations, title 16, section 3395.8 and the Information Practices Act (Civil Code section 1798 and following). BAR uses this information, in accordance with DCA's Privacy Policy, principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards, and issuing certifications set by law and regulation.

MANDATORY SUBMISSION

Submission of the requested information is mandatory. BAR cannot consider your application for certification or renewal unless you provide all requested information.

ACCESS TO PERSONAL INFORMATION

You may review the records maintained by BAR that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION

BAR makes every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act (PRA) request (Government Code section 7920 and following) as allowed by the Information Practices Act.
- To another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

CONTACT INFORMATION

For questions about this notice or access to your records, contact the BAR PRA Unit at 10949 North Mather Blvd., Rancho Cordova, CA 95670, by phone at (855) 735-0465, or by email at bar.pra@dca.ca.gov.

For questions about the DCA's Privacy Policy contact DCA at 1625 North Market Blvd., Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.



CERTIFIED REMEDIAL TRAINING PROVIDER APPLICATION

New Remedial Training Provider Certification

Renewal of Remedial Training Provider Certification Provider Number: CP _____

FOR BAR USE ONLY

Reviewed and Approved By:

Date Processed:

Please type or print legibly in ink. Complete all fields. If not applicable, indicate N/A.

1. NAME (As it appears on your State Bar of California license)		
2. HOME ADDRESS Number and Street Suite or Unit # City State Zip Code		
3. MAILING ADDRESS Number and Street or PO Box Suite or Unit # City State Zip Code		
4. HOME TELEPHONE NUMBER		5. WORK TELEPHONE NUMBER
6. EMAIL ADDRESS		
7. SOCIAL SECURITY/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER		
8. REQUIREMENTS FOR CERTIFICATION		
a. State Bar of California License Number _____ Expiration Date _____		
b. Attach an outline and description for the remedial training course. For minimum requirements, see California Code of Regulations, title 16, section 3395.8(a)(9).		
9. BACKGROUND		
a. Are you serving, or have previously served, in the United States Armed Forces?	YES	NO
b. Are you an honorably discharged member of the United States Armed Forces? If YES, you may qualify for expedited application processing. Attach the following documentation, if applicable: a certificate of release or discharge from active duty (DD-214) or other documentary evidence showing date and type of discharge. (Business and Professions Code section 115.4)	YES	NO
c. Are you a refugee, asylee, or holder of a special immigration visa? If YES, you may qualify for expedited licensure. 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)	YES	NO
d. Has the Department of Consumer Affairs (DCA) or BAR ever issued you a license? If YES, provide the type of license(s) and license number(s) below.	YES	NO

<p>e. Have you ever had a license, certificate, or registration denied, suspended, revoked, or placed on probation by a licensing board in or outside California including DCA and BAR?</p> <p>If YES, provide a statement of explanation.</p>	YES	NO
<p>f. Have you ever been convicted of any offense or entered a plea of nolo contendere in the United States or a foreign country?</p> <p>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, or 1203.42 of the California Penal Code or equivalent non-California law MUST be disclosed.</p> <p>If YES, provide a statement of explanation, including the crime for which there was a conviction, the approximate date and location of the crime, and the sentence served, if any.</p>	YES	NO

10. 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 _____ TITLE _____ DATE _____

NOTE: Once submitted, your application and required training materials become the property of BAR and will be kept as a matter of record. MAKE A COPY OF THIS COMPLETED AND SIGNED APPLICATION FOR YOUR RECORDS.