



MAINTENANCE FLEET FACILITY APPLICATION

SECTION A. FACILITY INFORMATION

BAR File No. (i.e., GA970000, GB910000)

Agency Department

Division Unit

Facility Physical Address (Number and Street, City, State, and Zip Code)

Facility Mailing Address (Number and Street or P.O. Box, City, State, and Zip Code)

Facility Supervisor Phone Number (XXX-XXX-XXXX)

Responsible Managing Employee Phone Number (XXX-XXX-XXXX)

SECTION B. REQUIRED EQUIPMENT/MATERIALS

To qualify as a Fleet Facility, you must have the following equipment and materials available and in proper working order.

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|--|-------------------------------|-------------------------------|
| Ignition Analyzer/Oscilloscope | Computer Fault Code Scan Tool | Propane Enrichment Kit |
| Ammeter | Fuel Cap Tester | Compression Tester |
| Digital Volt Ohmmeter | Hand Vacuum Pump/Gauge | Timing Light/Advance Tester |
| Fuel Injection Pressure Gauge | Emission/Repair Manuals | Low Pressure Fuel Evap Tester |
| Bar Code Scanner/Reader | Tachometer/Dwell meter | Vacuum Pressure Gauge |
| Digital Storage Oscilloscope (Enhanced Area Requirement) | | |

By checking this box, I certify that the facility listed in Section A possesses all the above required equipment and materials and that they are maintained in proper working order.

SECTION C. EMISSION ANALYZER INFORMATION

Make EIS I.D. No. Software Version No.

SECTION E. VERIFICATION

THIS APPLICATION IS NOT FOR A LICENSE TO ISSUE CERTIFICATES FOR VEHICLE REGISTRATION. I have verified that this maintenance facility is properly equipped with all necessary tools and equipment as checked off above and is ready for a Bureau of Automotive Repair inspection for approval to perform emissions inspection activity.

Signature Date

SUBMIT COMPLETED FORM BY EMAIL TO BARFLEETS@DCA.CA.GOV.

For Department Use Only

Date Received Date Assigned Assigned To Facility Number