

**State of California  
Office of Administrative Law**

In re:  
Bureau of Automotive Repair

Regulatory Action:

Title 16, California Code of Regulations

Amend sections: 3340.17

NOTICE OF APPROVAL OF REGULATORY  
ACTION

Government Code Section 11349.3

OAL Matter Number: 2024-0415-01

OAL Matter Type: Regular (S)

This action by the Bureau of Automotive Repair updates the California Vehicle Inspection System Data Acquisition Device Specification, which is incorporated by reference, from the existing 2012 version to the last amended October 2023 version.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on July 1, 2024.

Date: May 28, 2024



Nicole C. Carrillo  
Senior Attorney

For: Kenneth J. Pogue  
Director

Original: Patrick Dorais, Chief  
Copy: Holly Helsing

## NOTICE PUBLICATION/REGULATIONS SUBMISSIONS

REGULAR

See instructions on  
reverse)

STD. 400 (REV. 10/2019)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z- 2024-0105-02</b>	REGULATORY ACTION NUMBER <b>2024-0415-015</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

OFFICE OF ADMINISTRATIVE LAW

## Electronic Submission

RECEIVED DATE

1/5/2024

PUBLICATION DATE

1/19/2024

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY  
Bureau of Automotive Repair

AGENCY FILE NUMBER (If any)

ENDORSED - FILED  
in the office of the Secretary of State  
of the State of California

MAY 28 2024

2:17 PM

## A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Updated Smog Check Equip. & Station Require	TITLE(S) 16	FIRST SECTION AFFECTED 3340.17	2. REQUESTED PUBLICATION DATE January 19, 2024
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Holly Helsing	TELEPHONE NUMBER (916) 403-8600	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/ Withdrawn	NOTICE REGISTER NUMBER 2024 55-2	PUBLICATION DATE 1/19/24

## B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Updated Smog Check Equip. & Station Requirements	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)		
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT		
TITLE(S) 16	AMEND 3340.17		
	REPEAL		
3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))			
<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)			
<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify)			
<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) N/A			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) <input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify)			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY <input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify)			
7. CONTACT PERSON Holly Helsing	TELEPHONE NUMBER 916-403-8600	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) holly.helsing@dca.ca.gov

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

April 12, 2024

TYPED NAME AND TITLE OF SIGNATORY

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

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ENDORSED APPROVED

MAY 28 2024

Office of Administrative Law