CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
**BUREAU OF AUTOMOTIVE REPAIR | LICENSING PROGRAM**
PO Box 989001, West Sacramento, CA 95798-9001
(855) 735-0462 | www.bar.ca.gov

# APPLICATION FOR SMOG CHECK STATION LICENSE INSTRUCTIONS

**IMPORTANT**: Complete the application in accordance with the instructions below and attach additional pages and documentation as necessary. Submit the completed application and the $100 fee for each business location to the Bureau of Automotive Repair (BAR) at the address listed above. Make check or money order payable to the Department of Consumer Affairs (DCA).

- **FEES ARE NON-REFUNDABLE PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158.**
- If BAR cannot validate requirements for licensure, a deficiency letter requesting the missing information and/or documentation will be sent to you. This will delay the processing of your application.
- A license will be mailed to the business address (address of record) after your application is processed and approved. The average processing time is four to six weeks from the receipt of your application, provided the application does not have any deficiencies.

**LICENSE TYPE:** Select the license type for which you are applying.

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

1. NAME OF BUSINESS: Provide the exact name as listed on the automotive repair dealer (ARD) registration.
2. AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER: Provide the current ARD number of the business. If the ARD has not been registered at the time of filling out this application, indicate PENDING.
3. NAME OF CORPORATION/LIMITED LIABILITY COMPANY: Provide the name of the corporation/limited liability company as filed with the California Secretary of State or as listed in the Federal Register pursuant to the Federally Recognized Indian Tribe List Act of 1994) (25 U.S.C. Sec. 5131). (This item does not apply to businesses owned by individuals or partnerships.)
4. CORPORATION/LIMITED LIABILITY COMPANY NUMBER: Provide the corporation/limited liability company number assigned by the California Secretary of State or as listed in the Federal Register pursuant to the Federally Recognized Indian Tribe List Act of 1994) (25 U.S.C. Sec. 5131). (This item does not apply to businesses owned by individuals or partnerships.)
5. BUSINESS ADDRESS: Provide the physical address where business is conducted and/or records will be maintained. P.O. Boxes are not permitted. If the business is located at an address that has multiple businesses, you must provide the unit/suite number since each business must have a unique address. All licenses are mailed to the business address. The business address must be shown on invoices and advertisements. The business address will be disclosed on BAR's website as the address of record.
6. MAILING ADDRESS: Complete only if you wish to receive correspondence at an address other than the business address. **NOTE: IF you provide a mailing address, renewal notices will be sent only to this address.**
7. BUSINESS TELEPHONE NUMBER: Provide the area code and telephone number for the business.
8. EMAIL ADDRESS: Provide a valid email address for receipt of correspondence from BAR.
9. CONTROLLING INDIVIDUALS OF THE BUSINESS: Provide all information, as applicable, for each controlling individual of the business, including all owners, directors, officers, partners, members, trustees, managers, and any persons who directly or indirectly control the business. **NOTE: If all owners reside outside of California, a Responsible Managing Employee (RME) with a residence in California is required to be provided.**
10. BACKGROUND: Select YES or NO for each question. If YES, provide all applicable information. Any applicable information not provided may result in denial of this application or legal action later to revoke the license.
11. CERTIFICATION: The controlling individuals of the business must read, sign, and date the application. Signature(s) affirm that all statements are true and correct. Any false statements made on this application may result in denial of the application or legal action later to revoke this license.

# ADDITIONAL INFORMATION

## REPORT CHANGES TO LICENSE INFORMATION

Licensees must notify BAR within 14 days of a change of physical or mailing address. Licensees must also notify BAR within 30 days of any material changes to the information submitted on the license application, such as a change of phone number, email, service type, or controlling individuals. (California Code of Regulations, title 16, sections 3303.3 and 3351.1(e), (f))

To report a change to your license information, visit www.bar.ca.gov.

## CHANGE OF 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 family members, change of the business entity by incorporation of the business, or any other change in the corporate status that requires a new corporate number issued by the California Secretary of State. When a change in the business ownership takes place, you must cease operating as an automotive repair dealer and Smog Check station and submit new applications and fees.

## RENEWAL OF LICENSE

You must renew your license annually by submitting the renewal notice, or a copy of your license, and renewal fee to the address provided on the renewal notice or on this application. BAR makes every effort to mail you a courtesy notice approximately 90 days before expiration of your current license. However, if you do not receive a renewal notice, you are still responsible for renewing your license. If you renew your license after the date of expiration, you will be charged a delinquency fee of $50 in addition to the renewal fee of $100 for a total of $150.

## EQUIPMENT REQUIREMENTS

In accordance with Division 33 of Title 16 of the California Code of Regulations (CCR), all equipment required for the type of station license applied for must be on the premises, calibrated, and in proper working order. For equipment requirements, see the Smog Check Manual available at www.bar.ca.gov.

## COLLECTION AND USE 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.

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# APPLICATION FOR SMOG CHECK STATION LICENSE

## APPLICATION FEE $100

***For Department Use Only***

License Number_____

Issue Date_____

Expiration Date_____

Receipt Number_____

ATS Number_____

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

**LICENSE TYPE**

☐ TEST-ONLY ☐ REPAIR-ONLY ☐ TEST-AND-REPAIR

**1. NAME OF BUSINESS** (AS SHOWN ON INVOICES AND ADVERTISEMENTS)

**2. AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER**

**3. NAME OF CORPORATION/LIMITED LIABILITY COMPANY** (AS FILED WITH THE CALIFORNIA SECRETARY OF STATE OR FEDERALLY RECOGNIZED INDIAN TRIBE)

**4. CORPORATION/LIMITED LIABILITY COMPANY** (AS FILED WITH THE CALIFORNIA SECRETARY OF STATE OR FEDERALLY RECOGNIZED INDIAN TRIBE)

**5. BUSINESS ADDRESS** (ADDRESS OF RECORD) Number and Street | Suite or Unit # | City | State | Zip Code

**6. MAILING ADDRESS** Number and Street or PO Box | Suite or Unit # | City | State | Zip Code

**7. BUSINESS TELEPHONE NUMBER** (XXX-XXX-XXXX)

**8. EMAIL ADDRESS**

**9. CONTROLLING INDIVIDUALS OF THE BUSINESS -** Provide all information, as applicable, for each controlling individual of the business, including all owners, directors, officers, partners, members, trustees, managers, and any persons who directly or indirectly control or conduct the business. Enter full legal names, NO INITIALS. If legal name contains initials only, so state. If a PARTNERSHIP, list all partners. If a CORPORATION, list all officers and directors, (i.e., President, Secretary, and Treasurer). If the same person holds all corporate offices, so state. If a limited liability company, list all members. If a member of the limited liability company is a Trust, list all Trustees. If all owners reside outside of California, list a Responsible Managing Employee (RME) with residence in California. Attach additional pages if necessary.

**FULL NAME** Last | First | Middle

**TITLE**

**SOCIAL SECURITY NUMBER/INDIVIDUAL TAX IDENTIFICATION NUMBER**

**TELEPHONE NUMBER** (XXX-XXX-XXXX)

**GOVERNMENT PHOTO ID ISSUING AUTHORITY, DOCUMENT TITLE, AND NUMBER**
(EXAMPLE: CALIFORNIA DRIVER LICENSE A123456)

**EMAIL**

**BUSINESS ADDRESS** Number and Street | Suite or Unit # | City | State | Zip Code

**FULL NAME** Last | First | Middle

**TITLE**

**SOCIAL SECURITY NUMBER/INDIVIDUAL TAX IDENTIFICATION NUMBER**

**TELEPHONE NUMBER** (XXX-XXX-XXXX)

**GOVERNMENT PHOTO ID ISSUING AUTHORITY, DOCUMENT TITLE, AND NUMBER**
(EXAMPLE: CALIFORNIA DRIVER LICENSE A123456)

**EMAIL**

**BUSINESS ADDRESS** Number and Street | Suite or Unit # | City | State | Zip Code

| FULL NAME Last First Middle | TITLE |
|---|---|
| SOCIAL SECURITY NUMBER/INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER | TELEPHONE NUMBER (XXX-XXX-XXXX) |
| GOVERNMENT PHOTO ID ISSUING AUTHORITY, DOCUMENT TITLE, AND NUMBER (EXAMPLE: CALIFORNIA DRIVER LICENSE A123456) | EMAIL ADDRESS |
| BUSINESS ADDRESS Number and Street Suite or Unit # City State Zip Code | |

**10. BACKGROUND**

| | | |
|---|---|---|
| **a. Is any controlling individual of the business serving, or has previously served, in the United States Armed Forces?** | ☐ **YES** | ☐ **NO** |
| **b. Is any controlling individual of the business an honorably discharged member of the United States Armed Forces?**<br>If YES, the applicant may qualify for expedited licensure. 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. Do both of the following statements apply to any controlling individual of the business?**<br>• The controlling individual is married to, or in a domestic partnership or other legal union with, an active duty member of the United States Armed Forces assigned to a duty station in California under official active duty military orders.<br>• The controlling individual holds a current, active, and unrestricted automotive repair dealer license in another state, district, or territory of the United States.<br>If YES, the applicant may qualify for expedited licensure and a waiver of the application fee. 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) | ☐ **YES** | ☐ **NO** |
| **d. Is any controlling individual of the business a refugee, asylee, or holder of a special immigration visa?**<br>If YES, the applicant 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** |
| **e. Has any controlling individual of the business, or any business a controlling individual is or was directly or indirectly in control of, 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?**<br>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.<br>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. | ☐ **YES** | ☐ **NO** |

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|---|---|---|
| **f. 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?**<br>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. | ☐ **YES** | ☐ **NO** |
| **g. Does any controlling individual of the business, or any business a controlling individual is directly or indirectly in control of, have any administrative or criminal action pending against them/it, or is currently awaiting judgment and sentencing following entry of a plea or jury verdict?**<br>If YES, provide a statement of explanation. | ☐ **YES** | ☐ **NO** |
| **h. Has any controlling individual of the business, or any business a controlling individual is or was directly or indirectly in control of, 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, reproval, suspension, revocation, probation or any other form of restriction placed on the license, registration, or certification.**<br>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. | ☐ **YES** | ☐ **NO** |

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|---|---|---|
| **i. Does any controlling individual of the business, or any business a controlling individual is directly or indirectly in control of, have a CURRENT registration, license, or certification issued by BAR?**<br>If YES, list the name(s) and registration number(s), license number(s), and/or certification(s). | ☐ **YES** | ☐ **NO** |
| **j. Has any controlling individual of the business, or any business a controlling individual was directly or indirectly in control of, ever had a PRIOR registration, license, or certification issued by BAR?**<br>If YES, list the name(s) and registration number(s), license number(s), and/or certification(s). | ☐ **YES** | ☐ **NO** |
| **k. Is this a change of ownership?** If YES, you must submit an updated automotive repair dealer registration application and a copy of the proof of sale. | ☐ **YES** | ☐ **NO** |

**11. CERTIFICATION** - Each controlling individual of the business must sign and date this application. Attach additional pages if necessary.

I/we understand that a station shall not qualify as a Smog Check test-only station if it is owned, either wholly or partially, by the same party(ies) who owns an entity providing repair services that is located adjacent to, or in the same business park, strip mall, or industrial complex.

I/we understand that a provider of Smog Check inspection and/or repair services may not refer a consumer to another entity in which I/we have a financial interest. I/we understand that a financial interest includes any ownership or compensation for business referrals including, but not limited to, direct payment, barter agreements, or "quid pro quo" arrangements.

I/we certify under penalty of perjury under the laws of the State of California that all information and documentation provided in this application are true and correct, including information regarding the business owners, directors, officers, partners, members, trustees, and managers, as applicable, and other persons who directly or indirectly control or conduct the business. I/we understand that any omission or misrepresentation of such information may result in denial of this application or the suspension or revocation of the license.

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

NOTE: Once submitted, your application and supporting documentation 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.