

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY $\, \cdot \, \,$ GAVIN NEWSOM, GOVERNOR

BUREAU OF AUTOMOTIVE REPAIR | LICENSING PROGRAM

PO Box 989001, West Sacramento, CA 95798-9001 | www.bar.ca.gov



SMOG CHECK INSPECTOR AND/OR SMOG CHECK REPAIR TECHNICIAN LICENSE APPLICATION

Fee: \$20 each

(\$40 if applying for both license types)

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

TYPE OF LICENSE

Select the license(s) for which you are applying.

Smog Check Inspector (EO): May inspect and certify the emissions control systems on vehicles subject to the Smog Check Program at a licensed Smog Check test-only or test-and-repair station.

Smog Check Repair Technician (EI): May diagnose, adjust, and repair the emissions control systems on vehicles subject to the Smog Check Program at a licensed Smog Check test-and-repair or repair-only station.

| APPLICANT INFORMATION | | | | | |
|--|--|---------------|--|--|--|
| Name (First, Middle, and Last) | | Date of Birth | | | |
| | | | | | |
| Social Security/Individual Taxpayer Ider | tification Number | Email Address | | | |
| | | | | | |
| Government Photo ID (Include issuing authority, document title, and number. Example: California Driver License A123456) | | | | | |
| Primary Phone Number | nary Phone Number Alternate Phone Number | | | | |
| Address of Record (Number and Street or PO Box, Suite or Unit #, City, State, and Zip Code) NOTE: Address of record will be posted on BAR's website. | | | | | |
| Mailing Address (Number and Street, Suite or Unit #, City, State, and Zip Code) Do not include PO BOX | | | | | |
| | | | | | |
| MILITARY AND RESETTLEMENT INFORMATION | | | | | |
| Are you serving, or have previously served, in the United States Armed Forces? | | | | | |
| YES NO | | | | | |

Are you an honorably discharged member of the United States Armed Forces?

YES NO

If YES, you 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)

Do BOTH of the following statements apply to you?

- You are 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.
- You hold a current, active, and unrestricted license in another state, district, or territory of the United States.

YES NO

If YES, you 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)

| For | Dei | nart | mei | nt U | lse | Only |
|-----|-----|------|-----|------|-----|------|
| | | | | | | |

License # Receipt # ATS # Date Processed

Do BOTH of the following statements apply to you and are you seeking a 12-month temporary license pursuant to Business and Professions Code section 115.6?

- You are 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.
- You hold a current, active, and unrestricted license in another state, district, or territory of the United States.

YES NO

If YES, 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. DO NOT SUBMIT THE APPLICATION FEE WITH THIS APPLICATION.

Are you an active duty member of the US Armed Forces enrolled in the US Department of Defense SkillBridge program and requesting expedited licensure pursuant to Business and Professions Code section 115.4?

YES NO

If YES, attach documentation of enrollment to the SkillBridge program to this application.

Are you a refugee, asylee, or holder of a special immigrant visa?

YES NO

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; and/or 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)

BACKGROUND

Has the Department of Consumer Affairs (DCA) or Bureau of Automotive Repair (BAR) ever issued you a license, certificate, or registration?

YES NO

If YES, provide the type of license(s) and license number(s).

Have you ever had a license, certificate, or registration denied, suspended, revoked, or placed on probation by DCA or BAR?

YES NO

If YES, provide a statement of explanation.

Has DCA or BAR ever issued you a citation?

YES NO

If YES, provide a statement of explanation.

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), (e), 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. Include the crime for which there was a conviction, the approximate date and location of the crime, and the sentence served, if any.

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), (e), or section 11360(b), have you had a conviction that was later dismissed or set aside by the court?

YES NO

If YES, provide a statement of explanation.

Is any administrative or criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

YES NO

If YES, provide a statement of explanation.

SMOG CHECK INSPECTOR (EO) APPLICANTS EXAMINATION PREREQUISITES

Applicants applying for a Smog Check inspector license must complete this section. Approved applicants are required to take and pass an examination for licensure. To qualify to take the examination, you must meet **ONE** of the following three prerequisites:

TRAINING: I have successfully completed both the BAR specified ENGINE and EMISSION CONTROL TRAINING AND the BAR Smog Check Training in the past two years.

CERTIFICATION: I am certified by the National Institute for Automotive Service Excellence (ASE) in all three of the following areas and have successfully completed BAR specified Smog Check Training in the past two years.

Electrical/Electronic Systems (A6) Expiration Date:
Engine Performance (A8) Expiration Date:
Advanced Engine Performance Specialist (L1) Expiration Date:

EDUCATION/EXPERIENCE: I meet the following requirement marked below (must meet one):

I possess an Associate of Arts, Associate of Science, or higher degree in Automotive Technology from a state accredited or recognized college, public school, or trade school, AND have one year of automotive repair experience in the engine performance area, AND have successfully completed the BAR Smog Check Training in the last two years; OR

I possess a certificate in automotive technology from a state accredited or recognized college, public school, or trade school with a minimum of 720 hours of course work that includes at least 280 hours of course work in the engine performance area, AND have one year of automotive repair experience in the engine performance area, AND have successfully completed the BAR Smog Check Training in the last two years; OR

I have a minimum of two years of automotive repair experience in the engine performance area, and have successfully completed BAR specified Diagnostic and Repair Training in the past five years, AND have successfully completed the BAR Smog Check Training in the last two years; OR

I have comparable military education/experience.

Applicants qualifying via education/experience must submit the Experience Verification form included in this application package, and, as applicable, provide a copy of their degree or certificate.

SMOG CHECK REPAIR TECHNICAN (EI) APPLICANTS EXAMINATION PREREQUISITES

Applicants applying for a Smog Check repair technician license must complete this section. Approved applicants are required to take and pass an examination for licensure. To qualify to take the examination you must meet either the Certification or Education/Experience prerequisites to qualify to take the examination:

CERTIFICATION: I am certified by the National Institute for Automotive Service Excellence (ASE) in all three of the following areas:

Electrical/Electronic Systems (A6) Expiration Date:
Engine Performance (A8) Expiration Date:
Advanced Engine Performance Specialist (L1) Expiration Date:

EDUCATION/EXPERIENCE: I meet the following requirement marked below (must meet one):

I possess an Associate of Arts, Associate of Science, or higher degree in Automotive Technology from a state accredited or recognized college, public school, or trade school, AND have one year of automotive repair experience in the engine performance area: OR

I possess a certificate in automotive technology from a state accredited or recognized college, public school, or trade school with a minimum of 720 hours of course work that includes at least 280 hours of course work in the engine performance area, AND have one year of automotive repair experience in the engine performance area; OR

I have a minimum of two years of automotive repair experience in the engine performance area, AND have successfully completed BAR specified Diagnostic and Repair Training in the past five years; OR

I have comparable military education/experience.

Applicants qualifying via education/experience must submit the Experience Verification form included in this application package, and, as applicable, provide a copy of their degree or certificate.

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 of Applicant Date

SUBMIT COMPLETED APPLICATION AND FEE BY MAIL TO BAR LICENSING PROGRAM, PO BOX 989001, WEST SACRAMENTO, CA 95798-9001

Make check or money order payable to Department of Consumer Affairs

EXPERIENCE VERIFICATION

If you are applying for an initial Smog Check inspector and/or Smog Check repair technician license using education and/or experience to qualify, you must complete this form. Submit the completed form with your application. Applicants qualifying for licensure with ASE certification (A6, A8, and L1) are not required to complete this form.

- Employer certification is required unless the applicant is self-employed.
- If required experience was gained from multiple employers, include information for each employer in the designated areas below.

Comparable military education and/or experience verified by official military records may be accepted in lieu of other training-related requirements. Visit www.bar.ca.gov for required documentation.

| requirements. Visit www.bar.ca.gov for required documentation. | | | | | |
|---|--------------------------------|---|--|--|--|
| APPLICANT INFORMATION | | | | | |
| Name (First, Middle, and Last) | | | | | |
| | | | | | |
| Check each box that describes your diagnosis a | | | | | |
| Engine Repair | Fuel Systems | Drivability Diagnosis and Repair | | | |
| Electrical and Electronic Systems | Emission Systems | | | | |
| CURRENT OR MOST RECENT EMPLOY | ER CERTIFICATION | | | | |
| | | rnia that the applicant has hands-on diagnostic and repair experience in the applicant regarding his or her work under my employment are true | | | |
| Name of Employer/Supervisor/Manager/Military | Supervisor | | | | |
| Signature of Employer/Supervisor/Manager/Military Supervisor Date | | | | | |
| | • | | | | |
| EMPLOYMENT INFORMATION | | | | | |
| I am self-employed. | | | | | |
| Name of Business (as shown on automotive rep | air dealer registration) | Automotive Repair Dealer Registration Number | | | |
| Business Address (Number and Street or PO Bo | ıx, City, State, and Zip Code) | | | | |
| Business Phone Number | | Length of Employment (Years/Months) | | | |
| | | | | | |
| Name of Business (as shown on automotive repair dealer registration) | | Automotive Repair Dealer Registration Number | | | |
| Business Address (Number and Street or PO Bo | ox. Citv. State. and Zip Code | | | | |
| , | , - 3, | | | | |
| Business Phone Number | | Length of Employment (Years/Months) | | | |
| CERTIFICATION | | | | | |
| I certify under penalty of perjury under the indicated above and that all statements I have | | rnia that I have hands-on diagnostic and repair experience in the areas e true and correct. | | | |
| Signature of Applicant Date | | | | | |

IMPORTANT APPLICANT INFORMATION

Licensure is required for all persons inspecting, testing, diagnosing, and/or repairing vehicles for the purpose of certification in the Smog Check Program. (Health and Safety Code sections 44031.5(a) and 44032)

FEES ARE NON-REFUNDABLE PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158.

All applicants are required to meet the certification requirements as listed in this application and pass an examination to obtain a license. (Health and Safety Code sections 44031.5(a), 44032, and 44045.5) If BAR cannot validate certification requirements are met, a deficiency letter requesting the missing information and/or documentation will be sent to you. This will delay the processing of your application.

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 your completed and signed application for your records.

The average processing time is four to six weeks from the receipt of your application, provided the application does not have any deficiencies.

BAR will notify you after your application is processed and approved. You may print your license by visiting www.bar.ca.gov. Licenses shall be posted prominently under glass or other transparent material in an area frequented by customers. (California Code of Regulations, title 16, section 3340.15(c))

EXAMINATION INFORMATION

If your application is approved, you will be notified by the examination service contractor to schedule your examination.

A fee will be charged for each examination and is payable directly to the examination service contractor.

You must bring two forms of ID to the examination. One must be a valid, government-issued photo ID (e.g., driver license, passport, or military). The second ID must have your signature and legal name (e.g., social security card, credit card, etc.). The name on this application must match the name on all identification you bring to the examination.

If you have a disability or impairment for which you need assistance during an examination, please complete the Request for Examination Accommodation form available at www.bar.ca.gov. This form must be completed by a health professional and submitted to the BAR Licensing Program with your application.

You must pass the examination within 90 days of receipt of notification that you are qualified to take the examination or submit a new application and fees for an examination that is scheduled beyond the 90-day period.

A new original application and fees are required after your second examination attempt or after your 90-day examination period has expired.

Examination cheating violates Business and Professions Code section 123 and can result in application denial, or suspension, revocation, or restriction of a license. Once the examination begins, no talking or other communication that may compromise examination security is permitted between applicants.

For complete examination instructions, refer to the Smog Check Inspector and Repair Technician Examination Handbook available at www.bar.ca.gov.

RENEWAL OF LICENSE (DO NOT USE THIS APPLICATION TO RENEW YOUR LICENSE)

Smog Check inspector and Smog Check repair technician licenses must be renewed every two years. For renewal requirements, license renewal, and payment of fees visit www.bar.ca.gov. Licenses may also be renewed by submitting the renewal notice, or a copy of the 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 150 days before expiration of your current license. However, if you do not receive a renewal notice, you are still responsible for renewing your license(s).

CHANGE OF NAME OR ADDRESS

Licensees must notify BAR within 14 days of a change of name or address. (California Code of Regulations, title 16, section 3303.3) To report a change of name or address, visit www.bar.ca.gov.

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.