



REQUEST FOR STAR CERTIFICATION REINSTATEMENT

Submit the completed form by email to STAR.Reinstatements@dca.ca.gov or by fax to (888) 421-7798.

SECTION A. STATION INFORMATION		
LICENSE NUMBER	SUSPENSION NUMBER	
STATION NAME		
STREET ADDRESS	Number and Street	Suite or Unit #
CITY	STATE	ZIP CODE
SECTION B. REINSTATEMENT REASON		
<p>SHORT TERM MEASURES - I have verified my station now meets all STAR performance measures for the current three-month period as displayed in my station's STAR Report Card on BAR's website.</p> <p>Three-Month Period End Month: _____</p>		
<p>FOLLOW-UP PASS RATE (FPR) - Provide the inspector license number and select the appropriate item below.</p> <p>Inspector License Number: _____</p> <p style="margin-left: 40px;">The inspector has been removed from my station's analyzer.</p> <p style="margin-left: 40px;">The inspector's FPR score has changed to: _____</p>		
<p>EQUIPMENT REQUIREMENTS - I have corrected the equipment issue as specified in the STAR Certification Suspension letter and attached the required documentation.</p>		
SECTION C. REQUEST TO PURSUE ADMINISTRATIVE REVIEW OF SUSPENSION		
<p>Check this box if you have previously requested an administrative review and still want to pursue an administrative review of the suspension even if reinstatement of your STAR station certification is granted.</p>		
SECTION D. ACKNOWLEDGMENT - A controlling individual of the business must sign and date this form		
<p>I have corrected the cause(s) of my station's suspension, and pursuant to California Code of Regulations, title 16, section 3392.2, my station is in compliance with all eligibility standards for STAR certification. Additionally, unless I have checked the box in Section C, I acknowledge that if there is any pending administrative review of this suspension, it will be withdrawn if my station's STAR certification reinstatement is granted.</p>		
NAME	Last	First Middle
SIGNATURE	DATE	