

REQUEST FOR STAR CERTIFICATION REINSTATEMENT

SECTION A. STATION INFORMATION

License Number

Suspension Number

Station Name

Station Address (Number and Street, Suite or Unit #, City, State, Zip Code) (Do not include PO Box)

SECTION B. REINSTATEMENT REASON

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.

Three-month period end month –

Follow-Up Pass Rate (FPR) – Provide the inspector license number and select the appropriate item below.

Inspector License Number _____

The inspector has been removed from my station's analyzer.

The inspector's FPR score has changed to: _____

Equipment requirements – I have corrected the equipment issues as specified in the STAR Certification Suspension letter and attached the required documentation.

SECTION C. REQUEST TO PURSUE ADMINISTRATIVE REVIEW OF SUSPENSION

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.

SECTION D. ACKNOWLEDGEMENT (A controlling individual of the business must sign and date.)

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the box in Section C, I acknowledge that if there is any pending administrative review of this suspension, it will be withdrawn if my station's STAR certification reinstatement is granted. I HEREBY CERTIFY UNDER PENALTY OF PERJURY under the laws of the state of California that all statements made on this form are true and correct.

Print Name

Title

Signature

Date

SUBMIT COMPLETED FORM BY EMAIL TO
STAR.REINSTATEMENTS@DCA.CA.GOV
or fax to (888) 421-7798