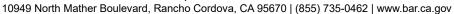


## BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

## BUREAU OF AUTOMOTIVE REPAIR | LICENSING PROGRAM





## STAR STATION CERTIFICATION APPLICATION

Complete all fields. If not applicable, indicate N/A.

STATION INFORMATION		
Station Type		
Test-Only Test-and-Repair		
Station Name		Smog Station License Number
Business Address (Number and Street, Suite or U	init #, City, State, Zip Code)	
Business Phone Number (XXX-XXX-XXXX)		Business Email Address
Business Organization (Select only one)		
Sole Proprietorship (Individual)	Partnership	Limited Partnership
Limited Liability Company and LLC Number		Corporation and Corporation Number
BACKGROUND		
Is any controlling individual of the busine YES NO		
of a crime related to the Smog Check Pro		ging employee, or inspector/technician, ever been convicted ct?
YES NO		
If YES, provide a statement of explanation.		
Has any partner, corporate officer, trustee		ging employee, or inspector/technician, ever had any license

YES

NO

If YES, provide a statement of explanation.

Check inspe	ector/technician?		
YES	NO		
If YES, provi	de a statement of explanation.		
Has any par Smog Chec	rtner, corporate officer, trustee, member, resp k citation by BAR that became effective with	ponsible managing employee, or inspector/technician, in the last year?	ever been issued a
YES	NO		
If YES, provi	de a statement of explanation.		
CERTIFICAT	TION		
By signing b	elow, I/we acknowledge that I/we:		
	-	quipment requirements for maintaining STAR Certification. (	CCD 2202 1 2202 6 1)
<ul> <li>Have</li> </ul>	e read and understand engibility, service, and eq e read and understand the reasons why a STAR follow all eligibility standards to maintain STAR o	R certification can be suspended. (CCR 3392.3)	OCK 3392.1-3392.0.1)
	under penalty of perjury under the laws of the sta pertaining to this application are true and correct	ate of California that the statements made in this application t.	n and all supporting
		NERSHIP or LIMITED PARTNERSHIP, all partners must sig TY COMPANY, all members must sign. Attach additional pa	
Print Name (F	irst, Middle, Last)	Title	
Signature		Date	
J			
Print Name (F	rirst, Middle, Last)	Title	
i illicitalilo (i	not, Middle, Edoty	Tide	
Signature		Date	
Signature		Date	
Drint Name (5	ivet Middle Leet)	Titlo	
riint ivame (F	ïrst, Middle, Last)	Title	
O: 1			
Signature		Date	

Has any partner, corporate officer, trustee, member, responsible managing employee, or inspector/technician, ever been found liable in a civil proceeding for any act or any omission related to the license of an automotive repair dealer, Smog Check station, or Smog

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SUBMIT COMPLETED FORM BY EMAIL TO <a href="mailto:STAR.APPLICATIONS@DCA.CA.GOV">STAR.APPLICATIONS@DCA.CA.GOV</a>
or mail to 10949 North Mather Blvd., Rancho Cordova, CA 95670