

## 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 Unit #, 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 business serving, or previously served, in the United States Armed Forces?

YES NO

Has any partner, corporate officer, trustee, member, responsible managing employee, or inspector/technician, ever been convicted of a crime related to the Smog Check Program or Automotive Repair Act?

YES NO

If YES, provide a statement of explanation.

Has any partner, corporate officer, trustee, member, responsible managing employee, or inspector/technician, ever had any license denied, suspended, revoked, or placed on probation by the Bureau of Automotive Repair (BAR)?

YES NO

If YES, provide a statement of explanation.

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 Check inspector/technician?

YES NO

If YES, provide a statement of explanation.

Has any partner, corporate officer, trustee, member, responsible managing employee, or inspector/technician, ever been issued a Smog Check citation by BAR that became effective within the last year?

YES NO

If YES, provide a statement of explanation.

CERTIFICATION

By signing below, I/we acknowledge that I/we:

- Have read and understand eligibility, service, and equipment requirements for maintaining STAR Certification. (CCR 3392.1-3392.6.1)
- Have read and understand the reasons why a STAR certification can be suspended. (CCR 3392.3)
- Will follow all eligibility standards to maintain STAR certification.

I/we certify under penalty of perjury under the laws of the state of California that the statements made in this application and all supporting documents pertaining to this application are true and correct.

If SOLE PROPRIETORSHIP, the owner must sign. If PARTNERSHIP or LIMITED PARTNERSHIP, all partners must sign. If CORPORATION, at least one corporate officer must sign. If LIMITED LIABILITY COMPANY, all members must sign. Attach additional page(s) if necessary.

Print Name (First, Middle, Last) Title

Signature Date

Print Name (First, Middle, Last) Title

Signature Date

Print Name (First, Middle, Last) Title

Signature Date

SUBMIT COMPLETED FORM BY EMAIL TO [STAR.APPLICATIONS@DCA.CA.GOV](mailto:STAR.APPLICATIONS@DCA.CA.GOV)  
or mail to 10949 North Mather Blvd., Rancho Cordova, CA 95670