



GOVERNMENT FLEET SMOG CHECK PROGRAM MAINTENANCE FACILITY APPLICATION INSTRUCTIONS

Complete one form in accordance with the instructions below for each analyzer that will be used for emissions testing. Submit completed form to the Bureau of Automotive Repair (BAR) Fleet Operations Unit at the above address.

SECTION A. FACILITY INFORMATION

- **BAR FILE NUMBER:** Enter the "G" file number issued to your agency by BAR (i.e., GA970000, GB910000, GF950000).
- **AGENCY:** Enter your agency's name. For local agencies, enter your administrative name (i.e, state of, county of, city of, etc.). For federal agencies enter the departmental level (i.e., Department of Commerce, Department of Justice, General Services Administration, etc.).
- **DEPARTMENT:** For local government, enter your agency's name or type (i.e., police department, fire department, motor pool, general services, transportation, equipment, etc.). For federal agencies enter department level (i.e., Bureau of Reclamation, Department of Air Force, National Park Service, etc.).
- **DIVISION:** Enter the division name of your department, if applicable (i.e., water resources division, Los Angeles division, Port Mugu naval station, maintenance division, etc.)
- **UNIT:** Enter the unit designation name of your department's division, if applicable (i.e., shop # 4, southern area branch office, heavy equipment center, etc.).
- **SHOP ADDRESS:** Enter your agency's business address. Do not list a post office box for the address.
- **SHOP SUPERVISOR:** Enter the name and telephone number of the maintenance facility supervisor or manager of the location.
- **RESPONSIBLE MANAGING EMPLOYEE:** Enter the name and telephone of the person designated as the agency's Responsible Managing Employee (RME).
- **MAILING ADDRESS:** Enter the mailing address, if different than your agency's business address.

SECTION B. EQUIPMENT/MATERIALS REQUIREMENT

Maintenance facilities must have all required equipment/materials on hand in order to properly perform the vehicle emissions inspections. The shop equipment should be verified against the list of requirements.

NOTE: A diagnostic device capable of retrieving on-board computer trouble codes and instructions for extracting the codes and the definitions for interpreting the trouble codes is required.

SECTION C. EMISSIONS ANALYZER

Enter the make, emissions system (EIS) identification number, and the software version number.

NOTE: Maintenance facilities located within the enhanced program areas that will be performing vehicle emissions testing must be equipped with a BAR-97 emissions analyzer, an approved dynamometer that will perform the required acceleration simulation mode (ASM) speed tests of 5015 and 2525, and a digital storage oscilloscope (DSO) for reading electronic wave patterns on computer controlled vehicles.



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SECTION A. FACILITY INFORMATION			
BAR FILE NO.			
AGENCY	DEPARTMENT		
DIVISION	UNIT		
SHOP ADDRESS Number and Street			
CITY	STATE	ZIP CODE	
SHOP SUPERVISOR	PHONE NUMBER		
RESPONSIBLE MANAGING EMPLOYEE	PHONE NUMBER		
MAILING ADDRESS Number and Street			
CITY	STATE	ZIP CODE	
SECTION B. EQUIPMENT/MATERIALS REQUIREMENTS			
IGNITION ANALYZER/OSCILLOSCOPE	COMPUTER FAULT CODE SCAN TOOL	PROPANE ENRICHMENT KIT	
AMMETER	FUEL CAP TESTER	COMPRESSION TESTER	
DIGITAL VOLT OHMMETER	HAND VACUUM PUMP/GAUGE	TIMING LIGHT/ADVANCE TESTER	
FUEL INJECTION PRESSURE GAUGE	EMISSION/REPAIR MANUALS	LOW PRESSURE FUEL EVAP TESTER	
BAR CODE SCANNER/READER	TACHOMETER/DWELL METER	DIGITAL STORAGE OSCILLOSCOPE (ENHANCED AREA REQUIREMENT)	
VACUUM/PRESSURE GAUGE			
SECTION C. EMISSION ANALYZER INFORMATION			
MAKE	EIS I.D. NO.		
SOFTWARE VERSION NO.			
SECTION D. VERIFICATION			
THIS APPLICATION IS NOT FOR A LICENSE TO ISSUE CERTIFICATES FOR VEHICLE REGISTRATION. I have verified that this maintenance facility is properly equipped with all necessary tools and equipment as checked-off above and is ready for a Bureau of Automotive Repair inspection for approval to perform emissions inspection activity.			
SIGNATURE			DATE
BAR USE ONLY			
DATE RECEIVED	DATE ASSIGNED	ASSIGNED TO	FACILITY NUMBER