BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR

BUREAU OF AUTOMOTIVE REPAIR | LICENSING PROGRAM PO Box 989001, West Sacramento, CA 95798-9001 (855) 735-0462 | www.bar.ca.gov



SMOG CHECK INSPECTOR AND/OR SMOG CHECK REPAIR TECHNICIAN LICENSE APPLICATION INSTRUCTIONS

IMPORTANT: Complete the application in accordance with the instructions below and attach additional pages and supporting documentation as necessary. Submit the completed application and the \$20 fee (\$40 if applying for both an inspector and repair technician license) to the Bureau of Automotive Repair (BAR) at the address listed above. Make check or money order payable to the Department of Consumer Affairs (DCA).

- FEES ARE NON-REFUNDABLE PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 158.
- Licensure is required for all persons inspecting, testing, diagnosing, and/or repairing vehicles for the purpose of certification in the Smog Check Program. (Health and Safety Code sections 44031.5(a) and 44032)
- All applicants are required to meet the certification requirements as listed in this application and pass an examination to obtain a license. (Health and Safety Code sections 44031.5(a), 44032, and 44045.5) If BAR cannot validate certification requirements are met, a deficiency letter requesting the missing information and/or documentation will be sent to you. This will delay the processing of your application.
- The average processing time is four to six weeks from the receipt of your application, provided the application does not have any deficiencies.
- A license will be mailed to the address of record after your application is processed and approved. Licenses shall be posted prominently under glass or other transparent material in an area frequented by customers. (California Code of Regulations, title 16, section 3340.15(c))

CLASS OF LICENSE: Select the license(s) for which you are applying.

- Smog Check inspector (EO): May inspect and certify the emissions control systems on vehicles subject to the Smog Check Program at a licensed Smog Check test-only or test-and-repair station.
- Smog Check repair technician (EI): May diagnose, adjust, and repair the emissions control systems on vehicles subject to the Smog Check Program at a licensed Smog Check test-and-repair or repair-only station.

REQUIRED INFORMATION: Complete all fields. If not applicable, indicate N/A. Attach additional pages if necessary.

- 1. NAME: Provide your full legal name as listed on your valid, government-issued photo identification (ID).
- 2-6. Provide the personal information requested.
- ADDRESS OF RECORD: A PO Box or other non-residential address may be provided as the address of record. Your license will be sent to your address of record. The address of record is a public record and will be disclosed on BAR's website. (Business and Professions Code section 27)
- 8. MAILING ADDRESS: Provide the address at which you would like to receive correspondence. The mailing address must be either your physical business address or residential address and cannot be a PO Box. If this section is left blank, your address of record will be used as your mailing address. However, if your address of record is a PO Box you must provide a physical business or residential address as your mailing address.
- 9. EMAIL ADDRESS: Complete to receive correspondence from BAR by email.
- 10. BACKGROUND: Select YES or NO for each question. If YES, provide all applicable information and documentation. Any applicable information not provided may result in denial of this application or legal action to revoke the license.
- 11. INSPECTOR LICENSE: Smog Check inspector applicants must complete this section.
- 12. REPAIR TECHNICIAN LICENSE: Smog Check repair technician applicants must complete this section.
- 13. CERTIFICATION: Read, sign, and date this section. Signatures affirm that all statements are true and correct. Any false statements made on this application may result in denial of this application or legal action later to revoke the license.

ADDITIONAL INFORMATION

CHANGE OF NAME OR ADDRESS

Licensees must notify BAR within 14 days of a change of name or address. (California Code of Regulations, title 16, section 3303.3) To report a change of name or address, complete a Change of Name/Address form available at www.bar.ca.gov.

RENEWAL OF LICENSE (DO NOT USE THIS APPLICATION TO RENEW YOUR LICENSE)

Smog Check inspector and Smog Check repair technician licenses must be renewed every two years. License renewal and payment of fees may be made online at www.bar.ca.gov. Licenses may also be renewed by submitting the renewal notice, or a copy of the license, and renewal fee to the address provided on the renewal notice or on this application. BAR makes every effort to mail you a courtesy notice approximately 150 days before expiration of your current license. However, if you do not receive a renewal notice, you are still responsible for renewing your license(s).

EXAMINATION INFORMATION

If your application is approved, you will be notified by the examination service contractor to schedule your examination.

A fee will be charged for each examination and is payable directly to the examination service contractor.

You must bring two forms of ID to the examination. One must be a valid, government-issued photo ID (e.g., driver license, passport, or military). The second ID must have your signature and legal name (e.g., social security card, credit card, etc.). The name on this application must match the name on all identification you bring to the examination.

If you have a disability or impairment for which you need assistance during an examination, please obtain the Request for Special Accommodation During Administration of Written BAR Licensing Examination form available at www.bar.ca.gov or call the BAR Licensing Program at (855) 735-0462 to request the special accommodation form. This form must be completed by a health professional and submitted to the BAR Licensing Program with your application.

You must pass the examination within 90 days of receipt of notification that you are qualified to take the examination or submit a new application and fees for an examination that is scheduled beyond the 90-day period.

A new original application and fees are required after your second examination attempt or after your 90-day examination period has expired.

Examination cheating violates Business and Professions Code section 123 and can result in application denial, or suspension, revocation, or restriction of a license. Once the examination begins, no talking or other communication that may compromise examination security is permitted between applicants.

For complete examination instructions, refer to the <u>Candidate Information Bulletin</u> available at <u>www.bar.ca.gov.</u>

NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION

BAR and DCA collect the personal information requested on this form as authorized by Business and Professions Code sections 30 and 9887.2, Labor Code section 432.7, California Code of Regulations, title 16, section 3306, and the Information Practices Act (Civil Code section 1798 and following). BAR uses this information, in accordance with DCA's Privacy Policy, principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION

Submission of the requested information is mandatory. BAR cannot consider your application for licensure or renewal unless you provide all requested information.

ACCESS TO PERSONAL INFORMATION

You may review the records maintained by BAR that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION

BAR makes every effort to protect personal information provided. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

The California Department of Tax and Fee Administration and the Franchise Tax Board may share taxpayer information with BAR. Your license may be suspended by BAR if your state tax obligation is not paid. (Business and Professions Code section 31)

CONTACT INFORMATION

For questions about this notice or access to your records, contact the BAR PRA Unit at 10949 North Mather Blvd., Rancho Cordova, CA 95670, by phone at (855) 735-0465, or by email at bar.pra@dca.ca.gov.

For questions about DCA's Privacy Policy, contact DCA at 1625 North Market Blvd., Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.



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SMOG CHECK INSPECTOR AND/OR SMOG CHECK REPAIR TECHNICIAN LICENSE APPLICATION

FEE: \$20.00 (\$40 IF APPLYING FOR BOTH LICENSE CLASSES)

FOR DEPARTMENT USE ONLY License #: Receipt #: ATS #: Date Processed:

DO NOT USE THIS APPLICATION FOR RENEWAL

Please type or print legibly in ink. Complete all field	ds. If not applicable, ir	ndicate N/A.					
CLASS OF LICENSE (Select one or both to	hat apply)						
SMOG CHECK INSP	PECTOR (EO)	SMOGO	HECK REPAIR	TECHNICIAN (EI)			
1. NAME Last		First		Middle	2. DATE OF	BIRTH	
3. SOCIAL SECURITY/INDIVIDUAL TA	XPAYER IDENTIF	FICATION N	UMBER				
4. GOVERNMENT PHOTO ID ISSUING	AUTHORITY, DO	CUMENT TI	TLE, AND NUM	IBER (EXAMPLE: CALIFO	ORNIA DRIVER LICENS	SE A123456)	
5. PRIMARY TELEPHONE NUMBER			6. ALTERN	NATE TELEPHONE N	NUMBER		
7. ADDRESS OF RECORD Note: Address will be	Number and S	treet or PO Box	Suite or Unit #	City	State	Zip Code	
posted on BAR's website.	Number and S	treet	Suite or Unit#	City	State	Zip Code	
8. MAILING ADDRESS	, tumbo, and o		Sales of Criticity	0,	54.0	2,6 0040	
9. EMAIL ADDRESS							
10. BACKGROUND							
a. Are you serving, or have previou	sly served, in the	United State	s Armed Force	s?		YES	NO
b. Are you an honorably discharged If YES, you may qualify for expedite or discharge from active duty (DD-2 and Professions Code section 115.4	ed licensure. Attach 214) or other docun	the following	documentation	if applicable: a certific		YES	NO
c. Do both of the following stateme	nts apply to you?					YES	NO
 You are married to or in a States Armed Forces assign 							
 You hold a current, active, 	and unrestricted lic	ense in anot	her state, district	t, or territory of the Uni	ted States.		
If YES, you may qualify for expedite (1) a certificate of marriage/domest station in California, and (3) written license in good standing. (Business	ic partnership, (2) a verification from th	a copy of the le	military orders e gency/entity stat	stablishing the spouse	's/partner's duty		
d. Do both of the following stateme Business and Professions Code		nd are you s	seeking a 12-mo	onth temporary licens	se pursuant to	YES	NO
 You are married to or in a States Armed Forces assign 							
 You hold a current, active, 	and unrestricted lic	cense in anot	her state, distric	t, or territory of the Uni	ted States.		
If YES, attach the following docume orders establishing the spouse's/pa entity stating that the applicant hold WITH THIS APPLICATION.	artner's duty station	in California,	and (3) written	verification from the lic	ensing agency/		

e. Are you a refugee, asylee, or holder of a special immigrant visa? If YES, you may qualify for expedited licensure. Attach the following documentation, as applicable: Form I-94, arrival/departure record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee; Special Immigrant Visa that includes "SI" or "SQ"; Permanent Resident Card (Form I-551),	YES	NO
commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee; an order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure. (Business and Professions Code section 135.4)	.,	
f. Has the Department of Consumer Affairs (DCA) or Bureau of Automotive Repair (BAR) ever issued you a license, certificate, or registration? If YES, provide the type of license(s) and license number(s).	YES	NO
g. Have you ever had a license, certificate, or registration denied, suspended, revoked, or placed on probation by DCA or BAR? If YES, provide a statement of explanation.	YES	NO
h. Has DCA or BAR ever issued you a citation? If YES, provide a statement of explanation.	YES	NO
i. Have you ever been convicted of any offense or entered a plea of nolo contendere in the United States or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) should not be reported. Convictions that were later dismissed by the court or set aside pursuant to section 1203.4, 1203.4(a), 1203.41, 1203.42, or 1203.425 of the California Penal Code or equivalent non-California law MUST be disclosed. If YES, provide a statement of explanation, including the crime for which there was a conviction, the approximate date and location of the crime, and the sentence served, if any.	YES	NO

j. Exclusive of juvenile court adjudications and criminal charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b), have you had a conviction that was later dismissed or set aside by the court?					
	If YES, provide a statement of explanation.				
k.	Is any administrative or criminal action pending against you, o	or are you c	urrently awaiting judgment and	YES	NO
	sentencing following entry of a plea or jury verdict?				
	If YES, provide a statement of explanation.				
11. IN	SPECTOR (EO) APPLICANTS MUST COMPLETE THIS SECTION	N			
	SPECTOR LICENSE: May inspect and certify the emissions control eck test-only or test-and-repair station.	l systems or	vehicles subject to the Smog Check Program	at a licensed	d Smog
	EQUIREMENTS FOR LICENSURE: Examination Required. You mu amination:	ust meet one	of the following three prerequisites in order to	qualify to ta	ke the
a.	I have successfully completed BAR specified ENGINE and BAR Smog Check Training in the past two years.	d EMISSION	N CONTROL TRAINING, AND have successf	ully comple	ted the
b.	b. CERTIFICATION: I am certified by the National Institute for Automotive Service Excellence (ASE) in all three of the following areas, and have successfully completed BAR specified Smog Check Training in the past two years.				
	Electrical/Electronic Systems	(A6)	Expiration date:		
	Engine Performance	(A8)	Expiration date:		
	Advanced Engine Performance Specialist	(L1)	Expiration date:		
C.	EDUCATION/EXPERIENCE: You must meet one of the require	ements belo	w:		
	I possess an Associate of Arts, Associate of Science, or hig				
	college, public school, or trade school, AND have one year automotive repair experience in the engine performance area, AND have successfully completed the BAR Smog Check Training in the last two years; OR				
	I possess a certificate in automotive technology from a stat				
minimum of 720 hours of course work that includes at least 280 hours of course work in the engine performance area, AND have one year of automotive repair experience in the engine performance area, AND have successfully completed the BAR Smog Check Training in the last two years; OR					
		ence in the	angine performance area. AND hove successful	illy complete	d
I have a minimum of two years of automotive repair experience in the engine performance area, AND have successfully completed BAR specified Diagnostic and Repair Training in the past five years, AND have successfully completed the BAR Smog Check Training in the last two years; OR					
I have comparable military education/experience.					
APPLICANTS QUALIFYING VIA EDUCATION/EXPERIENCE MUST SUBMIT THE EXPERIENCE VERIFICATION FORM INCLUDED IN THIS APPLICATION PACKAGE, AND, AS APPLICABLE, PROVIDE A COPY OF THEIR DEGREE OR CERTIFICATE.					
12. REPAIR TECHNICIAN (EI) APPLICANTS MUST COMPLETE THIS SECTION					
REPAIR TECHNICIAN LICENSE: May diagnose, adjust, and repair the emissions control systems on vehicles subject to the Smog Check Program at a licensed Smog Check test-and-repair or repair-only station.					
REQUIREMENTS FOR LICENSURE : Examination Required. You must meet <u>either</u> the Certification or Education/Experience prerequisites in order to qualify to take the examination:					
а	. CERTIFICATION: I am certified by the National Institute for Auto	motive Serv	ice Excellence (ASE) in all three of the followi	ng areas:	
_	Electrical/Electronic Systems	(A6)	Expiration date:	3	
	Engine Performance	(A8)	Expiration date:		
	Advanced Engine Performance Specialist	(L1)	Expiration date:		
		. ,	-		

b. EDUCATION/EXPERIENCE: You must meet one of the requirements below:

I possess an Associate of Arts, Associate of Science, or higher degree in Automotive Technology from a state accredited or recognized college, public school, or trade school, AND have one year automotive repair experience in the engine performance area; OR

I possess a certificate in automotive technology from a state accredited or recognized college, public school, or trade school with a minimum of 720 hours of course work that includes at least 280 hours of course work in the engine performance area, AND have one year of automotive repair experience in the engine performance area; OR

I have a minimum of two years of automotive repair experience in the engine performance area, AND have successfully completed BAR specified Diagnostic and Repair Training in the past five years; OR

I have comparable military education/experience.

APPLICANTS QUALIFYING VIA EDUCATION/EXPERIENCE MUST SUBMIT THE EXPERIENCE VERIFICATION FORM INCLUDED IN THIS APPLICATION PACKAGE, AND, AS APPLICABLE, PROVIDE A COPY OF THEIR DEGREE OR CERTIFICATE.

13. CERTIFICATION	
I certify under penalty of perjury under the laws of the state of California that all the supporting documents pertaining to this application are true and correct.	tatements I have made in this application and all attached
SIGNATURE OF APPLICANT	DATE

NOTE: Once submitted, your application and supporting documentation become the property of BAR and will be kept as a matter of record. MAKE A COPY OF THIS COMPLETED AND SIGNED APPLICATION FOR YOUR RECORDS.

EXPERIENCE VERIFICATION

If you are applying for an initial Smog Check inspector and/or Smog Check repair technician license using education and/or experience to qualify, you **must** complete this section of the application. Applicants qualifying for licensure with ASE certification (A6, A8, and L1) are not required to complete this section of the application.

- Comparable military education and/or experience verified by official military records may be accepted in lieu of other training-related requirements listed in this application. Visit www.bar.ca.gov for required documentation.
- Employer certification is required, unless the applicant is self-employed.
- If required experience was gained from multiple employers, include information for each employer in the designated areas below.

APPLICANT INFORMATION					
NAME	Last	First	Middle		
	K <u>EACH</u> BOX THAT DESCRIBES YOU! ENGINE REPAIR	R DIAGNOSIS AND REPA	AIR EXPERIENCE FUEL SYSTEMS		
	DRIVEABILITY DIAGNOSIS AND REPA	AIR	ELECTRICAL AND ELECTRONIC SYSTEMS		
	EMISSION SYSTEMS				
CURR	ENT OR MOST RECENT EMPLOY	ER CERTIFICATION	(Employer/Supervisor/Manager/Military Supervisor)		
	Self Employed				
I certify under penalty of perjury under the laws of the state of California that the applicant has hands-on diagnostic and repair experience in the areas indicated above and that statements made on this form by the applicant regarding his or her work under my employment are true and correct.					
	NAME OF EMPLOYER/SUPERVISOR/ MANAGER/MILITARY SUPERVISOR				
	SIGNATURE OF EMPLOYER/SUPERVISOR/ MANAGER/MILITARY SUPERVISOR DATEDATE				
EMPL	OYMENT INFORMATION				
NAME	OF BUSINESS (AS SHOWN ON AUTOMOTIVE	REPAIR DEALER REGISTRATION)	AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER		
BUSIN	ESS ADDRESS	Number and Street or PO Box Su	ite or Unit # City State Zip Code		
BUSIN	ESS TELEPHONE NUMBER		LENGTH OF EMPLOYMENT (YEARS/MONTHS)		
NAME	OF BUSINESS (AS SHOWN ON AUTOMOTIVE F	REPAIR DEALER REGISTRATION)	AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER		
BUSIN	ESS ADDRESS	Number and Street or PO Box Su	ite or Unit # City State Zip Code		
BUSIN	ESS TELEPHONE NUMBER		LENGTH OF EMPLOYMENT (YEARS/MONTHS)		
APPLICANT CERTIFICATION					
I certify under penalty of perjury under the laws of the state of California that I have hands-on diagnostic and repair experience in the areas indicated above and that all statements I have made on this form are true and correct.					
SIGNA	TURE OF APPLICANT		DATE		

NOTE: Once submitted, your application and supporting documentation become the property of BAR and will be kept as a matter of record. MAKE A COPY OF THIS COMPLETED AND SIGNED APPLICATION FOR YOUR RECORDS.