

# DC98 CERTIFIED ENHANCED BASIC TEST STATION I/M PROGRAM APPLICATION FORM

Station Name \_\_\_\_\_

Station I/M Permit No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Service Manager \_\_\_\_\_

Service Dept. Phone No. \_\_\_\_\_

Modem No. \_\_\_\_\_

Legal Ownership \_\_\_\_\_

Corporation    Individual    Partnership (Check One)

Station Owner's Name(s) \_\_\_\_\_

Station Owner's Name(s) \_\_\_\_\_

Station Owner's Address \_\_\_\_\_

Station Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_) \_\_\_\_\_  
Phone No.

\_\_\_\_\_(\_\_\_\_\_) \_\_\_\_\_  
Phone No.

I/M Technician Name	Permit #	Access Code	Starting Date	Ending Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Analyzer #	Manufacturer	Model #	Serial #	Starting Date	Ending Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Owner or Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Inspected & Approved: \_\_\_\_\_ Auditor: \_\_\_\_\_ Receipt # \_\_\_\_\_ Paid \_\_\_\_\_

Maintenance of DC98 Enhanced Basic Test Station Permit is predicated on compliance with the Davis County Motor Vehicle Inspection/Maintenance Ordinance. Permit is revocable for non-compliance.