

DC98 CERTIFIED EMISSION REPAIR FACILITY I/M PROGRAM TEST STATION 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 Certified Emission Repair Facility Station Permit is predicated on compliance with the Davis County Motor Vehicle Inspection/Maintenance Ordinance. Permit is revocable for non-compliance.