

**DC98 CERTIFIED EMISSION REPAIR TECHNICIAN
APPLICATION FORM**

Name _____
Date of Birth

Home Address _____ _____
City Zip

Home Phone No. _____ _____ _____
Tester Permit No. Access Code Safety # Safety Exp. Date

STATION ONE INFORMATION SECTION:

Station Type: (Check One) Enhanced Basic Test Station Certified Repair Facility

Station Name _____
Station Permit No.

Station Address _____ _____
City Zip

Supervisor's Name _____
Station Phone No.

STATION TWO INFORMATION SECTION:

Do you work for more than one permitted DC98 Station? If "yes", please complete this section.

Station Type: (Check One) Enhanced Basic Test Station Certified Repair Facility

Station Name _____
Station Permit No.

Station Address _____ _____
City Zip

Supervisor's Name _____
Station Phone No.

Maintenance of this DC98 Certified Emission Repair Technician Permit is predicated on compliance with the DC98 Motor Vehicle Inspection/Maintenance Ordinance. This Permit is revocable for noncompliance. I acknowledge that I am responsible for my actions, and am fully aware of my responsibilities as a certified Davis County Emission Repair Technician.

Signature _____
Date

Date Paid _____ Amount Received: \$ _____ Receipt # _____
