VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Northern Regional Office

Mobile Source Operations Section

13901 Crown Court, Woodbridge, Virginia 22193-1453

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| CERTIFIED EMISSIONS *REPAIR TECHNICIAN* APPLICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Please Print or Type) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Check One: | | | | | | | | | | |  | | | New | | | | | |  | | | | Renewal | | | | | | | | |  | | | | Reinstatement | | | | | | | | |  | | | | |  | | | | |
| Full Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |
| (Last) (First) (MI) (Suffix – Jr. Sr. etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Street) (City) (State) (Zip +4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Cell Phone: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | |  | | | | | | | | | | | | | | | | | E-Mail: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator’s License or Other\* Identification No.: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | State: | | | |  | | | | | Exp. Date: | | | | | | | |  | | | | | | | |
| \*Passport  Military ID  Other Photo ID (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Height: | | | |  | | | | | | | | | | | Weight: | | | |  | | | | | | | | | | | Color eyes: | | | | | |  | | | | | | | Color Hair: | | | | | | | | |  | | | | | | |
| Facility Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CRF # (if app.): | | | | | | | | | |  | | | | | |
| Facility Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Street) (City) (State) (Zip +4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Phone: | | | | | | | | |  | | | | | | | | | | | | | | | Facility E-Mail: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently ASE L-1 certified? NO YES If Yes, Expiration Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | **If you are applying for certification on the ASE option, please arrange for ASE transcripts to be sent to DEQ/MSOS. Your application cannot be processed until your ASE transcripts have been received.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Have you ever been certified as a Virginia Certified Emissions Repair Technician? NO YES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, Certification Expiration Date: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | CRT ID #: | | | | | | | | |  | | | | | | | | |
| *I certify that the information provided above is true and complete to the best of my knowledge. Submission of false information may result in certification revocation.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Date: | | | |  | | | | | | | | | | |
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|  | | DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLYThis section is to be completed by NVCC & DEQ personnel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Completion Date: | | | | | | | | | | |  | | | | | | | | | Grade: | | | | | |  | | | | | | | | School Attended: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Campus: | | | | |  | | | | | | | | | | | | | Course Title: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Course No.: | | | | | | | | |  | | | |
| Instructor’s Name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Signature: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Complete This Section for Technician Certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Data Entry: | | | | | | | | | | | | |  | | | | | | | | Exp. Date: | | | | | | |  | | | | | | | | | | | | VECO’s Initials: | | | | | | | | | | | |  | | | | | | |
| If ASE Certified, Exp. Date: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | (Attach Transcripts) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Date Certification Mailed: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Initials: | | | | |  | | | | | | | | | | | | | | | | | | |  | |

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