

DPS use only

RECOGNIZED EMISSIONS REPAIR FACILITY APPLICATION

FACILITY									
Facility Name									
Please indicate all types(s) of vehicles your facility services:									
All	Dome	stics	Imports	European		า	Japanese		Other
Indicate if your facilit	.,	Performs state inspections. If so, provide station details.							
Indicate if your facilit	у	Station ID Stat			Station	on Name			
Street Address									
City							County		ZIP
Mailing Address									
City							County		ZIP
Website									
Email									
Phone				Fax					
OWNERS (an Owner /Technician Application must be submitted for all listed)									
DL# Last Name				First Name			me		MI
DL# Last Name					First Name				MI
TECHNICIANS (an Ow	vner /Technicia	an Applicati	on must be submitted for a	ll listed)					
DL# Last Name				First Name			MI		
DL# Last Name			Name	me		First Name			MI
DL# Last Name			Name		First Name				MI
DL# Last Name						First Name			MI

AS THE OWNER/AGENT OF SAID REPAIR FACILITY, I CERTIFY THE REQUIREMENTS FOR RECOGNITION AS A DPS RECOGNIZED EMISSIONS REPAIR FACILITY OF TEXAS, ARE MET. I am fully aware of the responsibilities of being a DPS Recognized Emissions Repair Facility of Texas. I understand this recognition may be withdrawn, if this facility fails to maintain said qualifications. I understand and agree DPS may inspect this repair facility and its records for compliance with all applicable requirements of Chapter 37 of the Texas Administrative Code and the Texas Clean Air Act. I, hereby, authorize DPS to maintain and release information regarding the repair effectiveness of this facility and its recognized repair technicians.

Owner / Agent Name

Signature

Date

SUBMIT completed form with required documentation:

- Online Secured Email
 - <u>Contact Us</u>, select "Vehicle Inspection" and complete the online form.
 - http://www.txdps.state.tx.us/rsd/contact/default.aspx
- Fax to (512) 424-2774