



DPS use only

RECOGNIZED EMISSIONS REPAIR FACILITY APPLICATION

FACILITY			
Facility Name			
Please indicate all types(s) of vehicles your facility services:			
All	Domestics	Imports	European Japanese Other
Indicate if your facility	Performs state inspections. If so, provide station details.		
	Station ID	Station Name	
	Participates in county LIRAP Program		
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	MI
DL#	Last Name	First Name	MI
TECHNICIANS (an Owner /Technician Application must be submitted for all listed)			
DL#	Last Name	First Name	MI
DL#	Last Name	First Name	MI
DL#	Last 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 I understand this recognition may be withdrawn, if this facility fails to maintain said qualifications.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**
 - [Contact Us](#), select "Vehicle Inspection" and complete the online form.
 - <http://www.txdps.state.tx.us/rsd/contact/default.aspx>
 - **Fax** to (512) 424-2774