



*DPS use only*

**RECOGNIZED EMISSIONS REPAIR TECHNICIAN / OWNER APPLICATION**

FACILITY	
REF # (if issued)	Facility Name

APPLICANT		Add Technician	Remove Technician	Add Owner	Remove Owner
First Name	MI	Last Name		Suffix	
Date of Birth	Driver License #		Expiration Date		
Address	City		County	ZIP	
Mailing Address	City		County	ZIP	
Phone Number		Phone Number			
Email Address					

REPAIR TECHNICIANS ONLY		<i>To be completed, if applying for recognition as a Recognized Emissions Repair Technician.</i>	
Indicate your work status at the repair facility:	Full-Time Technician	Part-Time Technician	
Indicate your years of automotive repair experience:			
Indicate the expiration date on each ASE Certification*			
A1 Engine Repair	Expiration Date		
A6 Electrical / Electronic Systems	Expiration Date		
A8 Engine Performance	Expiration Date		
L1 Advanced Engine Performance Specialist	Expiration Date		
<i>*copies of ASE Certifications must be submitted with this form.</i>			

Applicant Printed Name

Applicant 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