



**VEHICLE EMISSIONS INSPECTION PROGRAM**  
**MASTER CERTIFIED EMISSIONS TECHNICIAN**  
**APPLICATION**

A technician seeking certification as a Master Certified Emissions Technician (MCET) should complete this application and submit it to the address above or fax it to Imoni Boulter at 410-537-4435. There is no application fee.

**A. Technician Information.** Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email \_\_\_\_\_ Prior MCET #, if previously certified \_\_\_\_\_

**B. Accreditations.** Indicate that you possess the required valid ASE (National Institute of Automotive Service Excellence) certificates. Note that once certified as a MCET, you must continue to submit ASE renewal certificates to MDE in order to maintain MCET certification.

1. List the expiration dates of your ASE certificates.

a. Electrical Systems (A-6) Expiration Date \_\_\_\_\_

b. Engine Performance (A-8) Expiration Date \_\_\_\_\_

c. Advanced Engine Performance (L-1) Expiration Date \_\_\_\_\_

2. ATTACH A COPY of your current, valid ASE A-6, A-8, and L-1 certificates to this application.

**C. Work Experience/Education.**

Facility number, if currently employed at Certified Emissions Repair Facility (CERF) or Fleet Inspection Station (FIS)  
# \_\_\_\_\_

Check one: \_\_\_\_\_ I have at least five (5) years of full-time work experience performing emissions-related repairs on gasoline-powered on-road motor vehicles.

\_\_\_\_\_ I have at least four (4) years of full-time work experience performing emissions-related repairs on gasoline-powered on-road motor vehicles and two (2) years of full-time education related to the repair of gasoline-powered on-road motor vehicles.

**C. Work Experience/Education, Continued.**

Present  
Employer \_\_\_\_\_ Specific Types of Repairs Performed \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ / \_\_\_\_\_ To Present  
Month Year  
Phone \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

Prior  
Employer \_\_\_\_\_ Specific Types of Repairs Performed \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year  
Phone \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

Prior  
Employer \_\_\_\_\_ Specific Types of Repairs Performed \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year  
Phone \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

Educational  
Facility \_\_\_\_\_ Type of Course work \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Dates Attended: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Total Credits Earned \_\_\_\_\_  
Month Year Month Year

**D. Certification.**

To the best of my knowledge, the information on this application is accurate. I understand that failure to provide accurate information could result in denial of a Master Certified Emissions Technician Certificate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date