

FOR DEPARTMENT USE ONLY													
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# TEXAS DEPARTMENT OF PUBLIC SAFETY

## RECOGNIZED EMISSIONS REPAIR FACILITY OF TEXAS APPLICATION



IN ORDER TO BECOME A DEPARTMENT OF PUBLIC SAFETY RECOGNIZED EMISSIONS REPAIR FACILITY OF TEXAS, YOU MUST EMPLOY AT LEAST ONE (1) DEPARTMENT OF PUBLIC SAFETY RECOGNIZED EMISSIONS REPAIR TECHNICIAN OF TEXAS ON A FULL-TIME BASIS, POSSESS REQUIRED EMISSIONS REPAIR EQUIPMENT, COMPLETE AND SUBMIT ALL DEPARTMENT FORMS. **DO NOT SUBMIT THIS APPLICATION UNTIL TECHNICIAN AND EQUIPMENT REQUIREMENTS ARE MET.**

### Facility Information

Facility Name \_\_\_\_\_ Is facility an emissions testing station?  Yes  No

If yes, indicate station number: \_\_\_\_\_

Location \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Physical Address - P.O. Box not acceptable)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Facility Telephone Number ( \_\_\_\_\_ ) Fax Number ( \_\_\_\_\_ )

County \_\_\_\_\_ Facility Website \_\_\_\_\_

On-site Manager \_\_\_\_\_ Facility Email \_\_\_\_\_  
(Please print Last Name, First Name)

### Facility Owner

Name \_\_\_\_\_  
(Please print - Full Name of Company, Corporation, or Individual [Last Name, First Name])

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Only required if different than the Facility's mailing address)

Telephone Number ( \_\_\_\_\_ ) Fax Number ( \_\_\_\_\_ )  
(If different than the Facility) (If different than the Facility)

### REQUIRED EMISSIONS REPAIR EQUIPMENT

- Ammeter
- Compression tester
- Cooling System tester
- Dwellmeter
- Engine analyzer
- Four gas exhaust analyzer (which can perform diagnostic measurements for at least hydrocarbon (HC), carbon monoxide (CO), and carbon dioxide (CO<sub>2</sub>))
- Fuel pressure/pressure drop tester
- Ohmmeter
- Repair reference information
- Scan tool/or OBDII capable testing equipment
- Tachometer
- Timing light
- Vacuum/pressure gauge
- Vacuum pump
- Voltmeter

**ALL EQUIPMENT LISTED ABOVE IS REQUIRED TO BE OPERATIONAL. A SINGLE PIECE OF EQUIPMENT WITH MULTIPLE FUNCTIONS IS ACCEPTABLE.**

**FACILITY SPECIALIZATION**

A motorist whose vehicle fails the emissions test will receive a list of DPS Recognized Emissions Repair Facilities of Texas in the area surrounding the vehicle inspection station. As a service to the public, you have the option of reporting vehicle type(s) in which your facility specializes for emissions repair purposes. Please indicate with a check mark all of the categories listed below which apply to the type(s) of vehicles your repair facility services:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> All vehicles | <input type="checkbox"/> European Imports              |
| <input type="checkbox"/> Domestics    | <input type="checkbox"/> Japanese Imports              |
| <input type="checkbox"/> Imports      | <input type="checkbox"/> Other (40 characters or less) |

**DPS RECOGNIZED EMISSIONS REPAIR TECHNICIANS OF TEXAS**

To be recognized, you must employ at least one (1) repair technician on a full-time (FT) basis that has at least three (3) years of automotive repair experience and is currently certified by the National Institute for Automotive Service Excellence (ASE) in the following four (4) automobile specialty areas: Engine Repair (ASE Test A1); Electrical/Electronics Systems (ASE Test A6); Engine Performance (ASE Test A8); and Advanced Engine Performance Specialist (ASE Test L1).

List all qualifying repair technicians (full-time (FT) and part-time (PT)) employed at the repair facility at the time this application is being made. Also required are the technician's social security numbers, years of automotive repair experience (Yrs Expr), and ASE certification expiration dates. It is the facility's responsibility to ensure each technician has the required experience. **Copies of each technician's ASE Certifications must be submitted with this application.**

To list additional repair technicians use form VIE-3 (Additional Recognized Emissions Repair Technicians of Texas).

FT PT	Name (Last, First, MI)	Social Security Number	Yrs Expr	ASE Certification Expiration Dates (MM/YY)			
				A1	A6	A8	L1
FT		- - - - -					
		- - - - -					
		- - - - -					
		- - - - -					
		- - - - -					

**CERTIFICATION**

**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 the Department of Public Safety 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 the Department of Public Safety to maintain and release information regarding the repair effectiveness of this facility and its recognized repair technicians.

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name - Last, First, MI Signature

**DO NOT SUBMIT THIS APPLICATION UNTIL TECHNICIAN AND EQUIPMENT REQUIREMENTS ARE MET.**

**RETURN COMPLETED FORM TO:**  
TEXAS DEPARTMENT OF PUBLIC SAFETY  
ATTN: VEHICLE INSPECTION BUREAU  
PO BOX 4087  
AUSTIN, TEXAS 78773-0543  
Fax# (512) 424-2774