DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTHERN VIRGINIA REGIONAL OFFICE
MOBILE SOURCE OPERATIONS SECTION

DEQ USE ONLY

ID# _____

CERTIFIED EMISSIONS *REPAIR TECHNICIAN* APPLICATION

(Please Print or Type)

Check One: New ☐ Renewal ☐ Reinstatement ☐

Full Name: _____ _____
(Last) (First) (MI) (Suffix – Jr. Sr. etc.)

Address: _____
(Street) (City) (State) (Zip +4)

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ E-Mail: _____

Operator's License or
Other* Identification No.: _____ State: _____ Exp. Date: _____

* Passport ☐ Military ID ☐ Other Photo ID (specify) ☐ _____

Height: _____ Weight: _____ Color eyes: _____ Color Hair: _____

Facility Name: _____ CRF # (if app.): _____

Facility Address: _____
(Street) (City) (State) (Zip +4)

Facility Phone: _____ Facility E-Mail: _____

Are you currently ASE L-1 certified? NO ☐ YES ☐ If Yes, Expiration Date: _____

If you are applying for certification on the ASE option, please arrange for ASE transcripts to be sent to DEQ/MSOS. Your application cannot be processed until your ASE transcripts have been received.

Have you ever been certified as a Virginia Certified Emissions Repair Technician? NO ☐ YES ☐

If Yes, Certification Expiration Date: _____ CRT ID #: _____

I certify that the information provided above is true and complete to the best of my knowledge. Submission of false information may result in certification revocation.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENT USE ONLY

This section is to be completed by NVCC & DEQ personnel.

Completion Date: _____ Grade: _____ School Attended: _____

Campus: _____ Course Title: _____ Course No.: _____

Instructor's Name: _____ Signature: _____

Complete This Section for Technician Certification

Date of Data Entry: _____ Exp. Date: _____ VECO's Initials: _____

If ASE Certified, Exp. Date: _____ (Attach Transcripts)

Date Certification Mailed: _____ Initials: _____