CHOICE PLUS
A more convenient Ohio E✓Check program

Application for Approval

Licensed E-Check Repair Facility

Check one: ☐ Initial Application ☐ Renewal

Facility Information:

Facility Name _____ Federal Tax ID _____

Facility Address _____

City _____ State_____ Zip Code _____

Facility Phone Number _____ Fax Number _____

County _____ E-mail _____

Name of E-Check Certified Repair Technician(s):

1. _____ 3. _____

2. _____ 4. _____

License Requirements:

1. Each Licensed E-Check Repair Facility shall employ at least one E-Check Certified Repair Technician.
2. Ohio EPA shall be immediately notified of changes in facility location, name, and/or ownership.
3. Each Licensed E-Check Repair Facility shall display the official sign in full view of the public. The sign shall not be altered in any way and shall remain the property of Ohio EPA.
4. Each Licensed E-Check Repair Facility shall notify Ohio EPA within 7 days in writing when an E-Check Certified Repair Technician leaves employment at that facility.
5. Licensed E-Check Repair Facilities shall comply with Chapter 3745-26 of the Ohio Administrative Code.

Agreed to this date (Applicant's signature) _____ Date_____

Print Name: _____

For Office Use Only:

Facility ID _____
License Issue Date _____
Expiration Date _____
Onsite Visit Date _____

Rev 09/2012

Mail or fax this completed application to:
Ohio EPA, MSS
Lazarus Government Center
P.O. Box 1049
Columbus, OH 43216-1049
fax: (614) 644-3681, Questions call (614) 644-3059
or visit: www.ohioecheck.org