



Application for Renewal

E-Check Certified Repair Technician

Technician: Complete this form and submit to Ohio EPA **along with a copy of your ASE Certificate** to apply for renewal of your E-Check certification.

Applicant Information:

First Name _____ M.I. _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ County _____

E-Check Certificate Number _____

E-mail _____

Current Employer Information:

Shop Name _____ Employed since (month/yr) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Web site _____ County _____

Training:

A6 Expires on (date): _____

A8 Expires on (date): _____

I have taken: EDGE OHIO-1
(check all that apply)

Office use:

Certificate ID: _____

Certificate Issued: _____

Certificate Expires: _____

Please renew my certification as an E-Check Repair Technician:

Signature: _____ Date: _____

Return application and copy of your ASE Certificate to:
Ohio EPA, E-Check, P.O. Box 1049, Columbus, OH 43216-1049 **OR** Fax to (614) 644-3681

Certification Requirements

The Ohio Administrative Code Sections 3745-25-15 and 16 require licensed repair facilities and certified repair technicians to update Ohio EPA with changes to the shop name, address or location and technicians change of employments, phone number or other changes that occur related to licensing or certification.

To update existing personal and employer contact information, one may visit http://epa.ohio.gov/dapc/echeck/other_programs/repair_update.aspx or call the Ohio EPA at (614) 644-3059.

I acknowledge that I have read and agree to the above certification requirements on this date _____.

(Applicant's Signature)

(Print Name)