



Ohio **E✓**Check  
Vehicle Emissions Testing 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 10/20/05

Mail or fax this completed application to:

Ohio EPA, MSS

Lazarus Government Center

P.O. Box 1049

Columbus, OH 43216-1049

fax: (614) 728-9191, Questions call (614) 644-3059

or visit: [www.ohiocheck.org](http://www.ohiocheck.org)