

Repair Industry Comment Form

Please provide the information requested below with as much detail as possible. Fax this form with the customer's Vehicle Inspection Report to the Ohio EPA Mobile Sources Section at (614) 644-2019.

Repair Facility Information

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact person: _____

Telephone: _____ - _____ - _____

Fax: _____ - _____ - _____

E-mail: _____

E-Check Testing Station

Address: _____

Station staff involved: _____

Comments: _____

Please remember to fax the customer's Vehicle Inspection Report with this form. If you have questions or any problems with faxing the information, please call our office at (614) 644-3059.

Thank you for your assistance and interest in making improvements to the Ohio E-Check program.