



Vehicle Emissions Technician Application Form

See Fee Schedule for *Inspector Training Course Hourly*

Air Quality Bureau, Environmental Health Division

Phone: 385-468-3837; Fax: 385-468-3844; HealthAir@slco.org

Section 1: Applicant Information

Name	Email Address	Phone Number	
Mailing Address	City	State	ZIP Code
Date of Birth	Driver License Number	D/L State	D/L Expiration

Section 2: I/M Station Information

Station Name	Station Number	Station Phone	Owner/Manager Name
Station Address	City	ZIP Code	

Initial below:

- _____ Upon consideration for recertification as a Certified Vehicle Emissions Inspection/Maintenance Technician, I agree to complete all emissions inspections in accordance with the rules and procedures set forth in Salt Lake County Health Regulation #22. I will also follow any update bulletins or policy changes.
- _____ I understand that violations of the rules and procedures of Salt Lake County Health Regulation #22 may result in suspension, revocation, or denial of my Certificate of Qualification for emissions inspecting. I also understand that I may be subject to additional penalties up to and including a Class A misdemeanor.
- _____ I certify that all the information above is correct and truthful. I have also read the above statement and agree to follow the rules and procedures for emission inspecting vehicles set forth in Regulation #22.

Applicant Signature

Date

For payment: Call **385-468-3837** to provide credit card information (Visa/MasterCard only)
 Or print and send check or money order to: Salt Lake County Health Department
 Environmental Health Division
 788 East Woodoak Lane (5380 South)
 Murray, Utah 84107

HEALTH DEPARTMENT USE ONLY

Pretest: Score _____	Date _____	Receipt # _____	Date Paid _____	Other _____
Course: Receipt # _____	Date Paid _____	Completion Date _____	Final Score _____	
Gas _____	Diesel _____	Tech # _____	Password _____	Instructor _____