



Vehicle Emissions Technician Recertification Form

Renewal Fee: \$15

Air Quality Bureau, Environmental Health Division
Phone: 385-468-3837; Fax: 385-468-3844; HealthAir@slco.org

Section 1: Applicant Information

Name _____ Certification Number _____ Phone Number _____

Home Address _____ City _____ State _____ ZIP Code _____

Date of Birth _____ Email _____

Section 2: Station Information

Station Name _____ Station Number _____ Phone Number _____

Station Address _____ City _____ ZIP Code _____

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 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 _____

Or print and send completed form to:

For payment:

Salt Lake County Health Department
Environmental Health Division
788 East Woodoak Lane
Murray, Utah 84107
Fax: 385-468-3844

Call **385-468-3837** to provide credit card information. Please have the applicant name and certification number available when you call. Payment accepted via cash, check, money order, Visa, or MasterCard.