



Authorized Test Facility Application

I agree to the following:

- I will ensure that all testing will be done correctly by an Authorized Tester (AT) in my employment.
- I will notify Ecology within a business day when an AT begins or ends employment.
- Any representation of authorization will immediately stop if my business no longer qualifies.
- I will ensure that my business abides by the Customer Bill of Rights.
- I will ensure that no employee tampers or assists in tampering with emission control systems.
- Only Ecology and emission test stations can issue a waiver. A vehicle owner can obtain a waiver only when an Ecology Authorized Emission Specialist performs diagnosis and repairs costing at least \$150 between two failing tests. Also, all emission control system components must be intact and operational.
- I will allow Ecology staff access to my facility to verify proper testing.
- My authorization may be suspended or revoked for not abiding by Ecology's requirements.

Business Name: _____

Address: _____

Phone number(s): _____

Email Address: _____

Position (Owner / Manager): _____

Signature: _____

Printed Name: _____

Ecology Facility Number _____ Ecology Representative: _____ Date: _____