



# State of Washington Motor Vehicle Emissions Testing Program AUTHORIZED TESTING FACILITY ENROLLMENT FORM

(Please type or print legibly)

## AUTHORIZED TESTING FACILITY INFORMATION

Applus Authorized Testing Facility ID Number: _____ <small>APPLUS INTERNAL USE ONLY</small>	Authorized Testing Facility ID Number: _____ <small>Use Authorized Testing Facility ID Number Issued by Ecology</small>
Authorized Testing Facility Name:	
Authorized Testing Facility Address (Physical):	
Number and Street	City or Town
State	Zip Code
Authorized Testing Facility Address (Mailing):	
Number and Street	City or Town
State	Zip Code
Authorized Testing Facility Area Code and Telephone Number: (        )	Authorized Testing Facility Area Code and Fax Number: (        )
Authorized Testing Facility E-Mail Address:	
Billing Contact Name:	
Billing Address:	
Number and Street	City or Town
State	Zip Code
Billing Contact Area Code and Telephone Number: (        )	Billing Contact Area Code and Fax Number: (        )
Billing E-Mail Address:	
Authorized Testing Facility's <u>Static IP Address</u> (IF APPLICABLE) (You may need to contact your internet provider for this information.):	
Test Equipment Type (Select One) AND Method of Purchase (Select One):	
<input type="checkbox"/> OBD Only <input type="checkbox"/> OBD/TSI <input type="checkbox"/> OBD/Diesel <input type="checkbox"/> OBD/TSI/Diesel <input type="checkbox"/> Diesel Only              AND <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	

## AUTHORIZED TESTING FACILITY BANKING INFORMATION & AUTOMATED CLEARINGHOUSE (ACH) AUTHORIZATION

(To be completed if Authorized Testing Facility chooses to use the ACH method for making payments to Applus.)

Financial Institution (Bank) and Branch:	
Financial Institution Address:	
Number and Street	City or Town
State	Zip Code
Bank Contact Name:	Bank Contact Area Code and Telephone Number: (        )
Bank Account Number ( <i>Must be domestic U.S. Demand Deposit (Checking) Account</i> ):	Name on Bank Account (as it appears on bank document):
Transit (ABA)/ACH Routing Number (Please attach a <u>voided</u> check when returning form to verify routing and account numbers.):	
<p>I hereby authorize the financial institution of Applus Technologies, Inc. to initiate debit and, if necessary, credit entries to the referenced Authorized Testing Facility's account at Authorized Testing Facility's Financial Institution named above. This authorization allows for payment of fees associated with the State of Washington Motor Vehicle Emissions Testing Program, as described in Section 7. <b>COMPENSATIONS, FEES AND PAYMENT TERMS</b>, Attachment A, and Attachment D (if applicable) of the State of Washington Motor Vehicle Emissions Testing Program Authorized Testing Facility Inspection Equipment Agreement, and in the Equipment Lease Contract (if applicable), with all other terms and conditions applied herein.</p>	
AUTHORIZED SIGNATURE ON ACCOUNT: _____ DATE: _____	