UTAH COUNTY HEALTH DEPARTMENT VEHICLE EMISSIONS INSPECTION/MAINTENANCE PROGRAM 3255 North Main Street

Spanish Fork UT 84660 Phone:(801)851-7600 Fax: (801)851-7619

APPLICATION FOR CERTIFIED EMISSIONS MECHANIC PERMIT

NAME:	PHONE:		
ADDRESS:	EM.	AIL:	
CITY:		STATE:	ZIP CODE:
BUSINESS NAME:		BUSINESS PHONE:	
BUSINESS ADDRESS:			
CITY:		STATE:	ZIP CODE:
BUSINESS NAME OF LA	ST EMPLOYMENT:	_	
inspected for emissions and tampompleted correctly. Furthermore obtain authorization before making the I/M Program; use no unfair accordance with the most recent vehicle meets all the requirement I cannot comply with all aspects I understand and agree t	bering according to the require, if the vehicle fails to meet any required repairs or according such by and reliable reference informs of the law; and immediately of the I/M Program. That violation of this application, Maintenance Program,	the emissions justments at reusiness, conductation; issue Cenotify the Utah an agreement or or other official	olicies to ensure that each vehicle is cedures. Ensure that all paperwork is standard, I will inform the owner and gular charges within the guidelines of let the testing/repairs/adjustments in ertificates of Compliance only after the County Health Department whenever any of the Regulations governing the policies and procedures of the Utah-renewal of said permit.
Signature:		Dat	e:
★ Fee Amount:	Date Paid:		Received By:
Date Passing Writte	n Exam:		Test Score:
Date Passing Practi	cal Exam:		Permit # <u>UET00</u>
ACCESS CODE	(5 digits) <i>Obt</i>	ain verba	<i>lly</i> Station # <u>U</u>
♥ New Mechanic Fee:	<u>\$25.00</u>	* Mechanio	c Transfer Fee: <u>\$25.00</u>
*Annual Renewal Fee	: \$15.00	* Expired	Renewal Fee: \$30.00