## 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:	HOME PHONE:
ADDRESS:	Cell Phone:
CITY:	_STATE:ZIP CODE:
BUSINESS NAME:	BUSINESS PHONE:
BUSINESS ADDRESS:	
CITY:	_STATE:ZIP CODE:
BUSINESS NAME OF LAST EMPLOYMENT:_	
inspected for emissions and tampering according to the requestion completed correctly. Furthermore, if the vehicle fails to mean obtain authorization before making any required repairs or at the I/M Program; use no unfair means in soliciting such accordance with the most recent and reliable reference inforvehicle meets all the requirements of the law; and immediate I cannot comply with all aspects of the I/M Program.	et the emissions standard, I will inform the owner and adjustments at regular charges within the guidelines of business, conduct the testing/repairs/adjustments in rmation; issue Certificates of Compliance only after the ely notify the Utah County Health Department whenever tion agreement or any of the Regulations governing the n, or other official policies and procedures of the Utah
Signature:	Date:
<b>★</b> Fee Amount:\$ Date Paid:	
Date Passing Written Exam:	Test Score:
Date Passing Practical Exam:	Permit #:UET00
ACCESS CODE (5 die	gits) <b>Obtain verbally</b>
<b>★</b> New Mechanic Fee: \$25.00	<b>★</b> Mechanic Transfer Fee: \$25.00
*Annual Renewal Fee: \$15.00	<b>★</b> Expired Renewal Fee: \$30.00