



Application to be an Authorized Emission Specialist in Ecology's Emission Check Program

Western Washington (800) 272-3780

Eastern Washington (509) 329-3491

I agree that as an Authorized Emission Specialist, I may have only one authorized shop. I may only sign receipts and test forms from that shop. I also agree to notify Ecology when I change employment.

I agree to use an OBDII scanner that meets or exceeds the requirement of the Emission Check Program. I will report any needed maintenance or repairs to management. I will notify Ecology within 24 hours if the OBDII scanner is not functioning properly.

I agree to do only diagnosis, repairs and/or adjustments directed toward the vehicle's emission failure and that will help the vehicle meet the emission standards.

I agree that, after completing repairs or the diagnosis and/or repair of a vehicle that failed an emission test, I will:

- Record the vehicle description, including license number and vehicle identification number (VIN).
- List any missing or inoperative primary emission control components.
- List any further recommended repairs if needed.
- Print and sign my name.
- Include the date and time on the emission test report.

I understand that the business where I am employed must meet the requirements of the Emission Check Program for me to do diagnosis, repairs, and/or adjustments that will qualify for a waiver.

I understand that businesses meeting the requirements of the Emission Check Program may display the Ecology Authorized Emission Specialist poster and use the logo. The poster and logo must be removed immediately from public view if Ecology removes or suspends the facility from the program, or if the business fails to meet the requirements of the Emission Check Program

I understand that Ecology and emission testing stations will consider for a waiver only diagnosis, repairs, and/or adjustments performed by an Ecology Authorized Emission Specialist. All emission control devices must be intact and operational.

I understand that Ecology staff will ensure I am following proper procedures in compliance with the Emission Check Program.

Applicant Information

First Name: _____ Last Name: _____

Phone: _____ Alternate Phone: _____

Email: _____

Facility Name: _____ Phone: _____

Training Attended: _____ Score: _____ Completion Date: _____

ASE L-1 Certified: Yes No If yes, attach copy of certification. Ecology Test: Yes No

Applicant Statement

I have read and understand these requirements.

Signature

Date

For Official Use Only

Ecology Staff

Date

To request ADA accommodation, call (360) 407-6800, 711 (relay service), or (877) 833-6341 (TTY).