



Fleet Tester Equipment Use Agreement

I agree to all of the following:

1. I understand the emission equipment is the property of the Department of Ecology and is only on loan to my facility.
2. I will maintain and properly care for the emission equipment while it is in my facility's care.
3. I will use the equipment during the time assigned, and ensure it is moved to the next location as agreed.
4. I will ensure that only staff authorized by Ecology will perform emission testing.
5. I understand my facility's ability to self-test may be revoked if the equipment is not properly used and maintained or if I don't abide by Ecology's requirements.
6. I will allow Ecology staff access to my facility to verify proper testing.
7. I will allow access to service personnel from Applus Technologies to periodically service the equipment.
8. I will provide to Ecology a list of testable vehicles at the beginning of each year and complete all required tests.
9. I will use only approved accessories and supplies, and supply calibration gas as needed.
10. I will notify Ecology when the emission testing equipment is transferred to and from my facility's care.

Fleet Facility Name: _____

Address: _____

Phone Number(s): _____ Email Address: _____

Position (Superintendent / Manager / Supervisor): _____

Signature: _____

Printed Name: _____

Ecology Facility Number _____ Ecology Representative: _____ Date: _____

ECY 070-484

If you need this document in a format for the visually impaired, call the Air Quality Program at 360-407-6800. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.