



**Department of Natural Resources and
Environmental Control (DNREC) –
Division of Air Quality**

Form AQM-CERT
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**Application for Emission Repair Technician Certification and a Permit to
Conduct Drive Cycle Testing of OBD-II-Equipped Vehicles Not in
Compliance with 21 DE Code §2101(a) or §2115(1)**

Please mail the completed application form and required documents to:

**State of Delaware
DNREC Division of Air Quality
100 W. Water Street, Suite 6A
Dover, DE 19904**

Make check payable to: State of Delaware

<u>For Department Use Only</u>	
Date Received Stamp	Assigned Permit/Certification Number

<u>Applicant Contact Information</u>		
1.	Name:	
2.	Mailing Address:	
	City:	State:
		Zip Code:
	Telephone Number:	Fax Number:
		E-Mail Address:
3.	Name of Auto Repair Facility Where Applicant is Employed:	
4.	Auto Repair Facility Mailing Address: <i>(If different from above)</i>	
	City:	State:
		Zip Code:
5.	Physical Location of Auto Repair Facility: <i>(If different from above)</i>	
	City:	State:
		Zip Code:

<u>For New Applicant Only</u>	
<i>Note: This information is required for both certification and for a permit to conduct drive cycle testing of OBD-II-equipped vehicles not in compliance with 21 DE Code §2101(a) or §2115(1).</i>	
6a.	Name of organization certifying the applicant as having expertise in vehicle emission repair: <i>Note: This certification must be at the ASE L1 or equivalent level.</i>
	Date Certification Received: Date Certification Expires:
7a.	Years of Emission Repair Experience: Name of Shop:
	<i>Note: A minimum of two years is required.</i>



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For Current or Previously Certified Emission Repair Technicians Only
Emission Repair Certification Information

Note: This information is required for both certification and for a permit to conduct drive cycle testing of OBD-II-equipped vehicles not in compliance with 21 DE Code §2101(a) or §2115(1).

6b. Certified Emission Repair Technician No.:

7b. If Currently ASE L1 Certified:

Date Certification Received:

Date Certification Expires:

Insurance Information

Note: This information is required for a permit to conduct drive cycle testing of OBD-II-equipped vehicles not in compliance with 21 DE Code §2101(a) or §2115(1).

8. Name of the Insurance Company that provides required garage keeper's insurance coverage that meets the minimum requirements of 21 DE Code §2118 during the on-road operation of unregistered motor vehicles:

Policy/Binder Number:

Agent:

Application Completeness Information

9. Check that all required documents are included with this application:

Application Fee (*required*)

Evidence of ASE L1 or Equivalent Certification
(*required*)

Evidence of the required Garage Keeper's
Insurance Coverage (*required*)

Other (Specify):

Signature Block

I, the undersigned, hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all of its attachments as to the truth, accuracy, and completeness of this information. I certify based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete. By signing this form, I certify that I have not changed, altered, or deleted any portions of this application. I acknowledge that if I commence or initiate operation of any motor vehicle with expired registration before I receive a permit from the Department I may be found not in compliance with 21 DE Code §2115(1), and subject to penalties.

Printed Name of Applicant

Date

Signature of Applicant

Please mail the completed application form and required documents to:

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