

MASSACHUSETTS



VEHICLE CHECK

Cleaner Air • Safer Roads

Massachusetts Vehicle Check

Repair Shop Application

55 Messina Dr., Unit C, Braintree, MA 02184

Please complete **ALL** sections of this form in **INK**, sign and mail to Massachusetts Vehicle Check at address above, or FAX to (781) 849 – 2967.

Incomplete applications will be returned.

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SECTION A Shop Information		<u>PLEASE PRINT</u>
1. Repair Shop Name:		
2. Existing Registered Repair Shop ID: R P _____		
3. Repair Shop Contact Name (Owner or Manager):		
4. Repair Shop Address:		
5. City:	6. Zip Code: _____ -- _____	
7. State:	8. Telephone: (_____) _____ - _____	
9. Alternate Number: (_____) _____ - _____		10. Fax: (_____) _____ - _____
11. Email:		
12. Repair Shop Website:		
13. Association Memberships:		

SECTION B Repair Technicians Employed	
14. Please list each registered repair technician working at your shop and complete a repair technician application for each.	
14a. _____	14e. _____
14b. _____	14f. _____
14c. _____	14g. _____
14d. _____	14h. _____

SECTION C Repair Shop Promotional Statement - OPTIONAL
15. Please write a brief statement (100 characters or less – spaces count as characters) about your repair shop. This will be displayed on the website next to your shop name.

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SECTION D Shop Classification

16. Is your shop a dealership? Yes No

17. Do you want to be a 'specialty' shop (only repair specific Makes)? Yes No

18. If you checked Yes for #17, list the vehicle makes (Honda, Toyota...) with Fuel Type(s) your specialty shop will repair.

- | | | |
|------------|---------------------------------|-------------------------------------|
| 18a. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |
| 18b. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |
| 18c. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |
| 18d. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |
| 18e. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |
| 18f. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |
| 18g. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |
| 18h. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |
| 18i. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |
| 18j. _____ | <input type="checkbox"/> Diesel | <input type="checkbox"/> Non-Diesel |

I certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that the statements made in this application are true and correct. I agree to abide by the Rules & Regulations set forth by the Commonwealth of Massachusetts. I understand that any reports of violations of the Emission Inspection Law, or of the Rules and Regulations will be investigated and, if found to be true, could result in my decertification as a Registered Repair Shop or other penalties. I agree to notify Massachusetts Vehicle Check within one week of changes in employment. I certify that my shop has the required equipment to be a Registered Repair Shop.

Applicant Signature

Date