



Vehicle Emissions Repair Report

Please bring this completed form when you return for a retest.

A motorist whose vehicle is unable to pass a reinspection, after attempting repairs, may be eligible for a certificate of Waiver. **All repair receipts must accompany a waiver application.** Warranty repairs and repairs made to correct tampered emissions control systems will not be counted toward a certificate of waiver. For more information, please read the publication "If Your Vehicle Didn't Pass."

1. Repair Facility & Technician Information

Repair Facility Name	Certified Emissions Repair Facility (CERF) Number	Telephone Number	Fax
----------------------	---	------------------	-----

Facility Address	City	State	Zip Code
------------------	------	-------	----------

Name of Person Making Repairs	Master Certified Emissions Technician (MCET) ID Number
-------------------------------	--

By signing below, I certify that all the information on this form is correct.

2. Repair Information

Vehicle Information

VIN	Year	Make	Model

	Repaired	Recommended Replaced	Recommended
1. Air Intake Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fuel Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Air Pump System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Spark Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PCV System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. EGR System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Engine Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Vehicle Fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Transmission Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Transmission Management System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Evaporative Control System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Catalytic Converter System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Powertrain Control Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Gas Cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. After OBD Repairs, MIL Command Status	On <input type="checkbox"/>	Off <input type="checkbox"/>	
16. Other: _____			

3. Emissions Related Expenditures

Labor \$ _____

Parts \$ _____

Total \$ _____

4. Application for Waiver

Full Name _____

Address _____

City / State / ZIP Code _____

Signature of Applicant _____

VEIP USE ONLY

Emissions equipment present?

Yes No (Issue EP 116)

VEIP Rep ID # _____

Date _____

VEIP USE ONLY

Documentation Review? _____

WAIVER NUMBER _____

Signature of VEIP Representative _____

ID# _____ Station# _____

Date _____