



**Vehicle Emissions Inspection Program
Certified Emissions Repair Facility
Application**

An applicant seeking entry into the Certified Emissions Repair Facility (CERF) program must complete this form and email it to **mde.veip@maryland.gov**, or fax it to **410-537-4435**.

The applicant will be contacted to schedule a facility inspection. There is no application fee.

A. Facility information to be included in the CERF List distributed to motorists.

Business Name: _____

Business Street Address: _____

City: _____ County: _____ ZIP: _____

Business Phone: _____ Fax: _____

Website: _____

Hours of operation: _____

Requested certification level: OBD-only CERF OBD and Idle CERF (requires gas analyzer)

B. Identify a Facility Representative who we may contact regarding facility information.

Name: _____ Title: _____

Phone: _____ Email: _____

C. Mailing address for written correspondence, if different from Section A above.

D. Facility ownership information.

Owner Name: _____

Owner Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

E. Personnel information.

1. A CERF must employ a Master Certified Emissions Technician (MCET). Indicate all MCETs employed at your facility. Submit an attachment if necessary.

Name: _____ MCET #: _____

Phone: _____ Email: _____

Name: _____ MCET #: _____

Phone: _____ Email: _____

2. (Optional) To better serve motorists, MDE produces a Spanish language version of the CERF List which highlights CERFs with Spanish speaking employees who can assist Spanish speaking customers. Indicate if your facility has an employee who can communicate in Spanish: Yes No

F. Workers' Compensation information. As required by Section 1-102 of the Transportation Article of the Annotated Code of Maryland,

I, _____, do hereby affirm that I am in compliance with Maryland
Print Name

Workers' Compensation Act (Title 9, Labor and Employment Article, Annotated Code of Maryland) in that (check one):

- I am **not** an employer subject to the Maryland Workers' Compensation Act, and am **not** required to provide employee coverage by that Act.
- I am an employer required to provide employee coverage by the Maryland Workers' Compensation Act and have secured such coverage, and submit the following as evidence:

Insurance company _____ Policy / Binder number _____

- G. Certification.** I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief. Furthermore, I understand that all facility licenses and certificates may be suspended, revoked, or refused, for violations of Vehicle Emissions Inspection Program regulations.

Signature

Date

Print Name

Title

How did you learn about the CERF program? CERF List/Sign MDE Training/Visit Customer
 Business Assoc Mailing Other _____