



Vehicle Emissions Inspection Program Master Certified Emissions Technician Application

- An applicant seeking certification as a Master Certified Emissions Technician (MCET) must complete this form and email it to **mde.veip@maryland.gov**, or fax it to **410-537-4435**.
- There is no application fee.
- Once certified, a MCET must continue to submit National Institute of Automotive Service Excellence (ASE) renewal certificates to MDE in order to maintain MCET certification.

A. Technician information.

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Prior MCET number, if previously certified: _____

B. Accreditations. Indicate that you possess the required valid ASE certificates.

1. List ASE certificate expiration dates.
 - a. Electrical Systems (A-6) Expiration Date: _____
 - b. Engine Performance (A-8) Expiration Date: _____
 - c. Advanced Engine Performance (L-1) Expiration Date: _____

2. ATTACH A COPY of your current, valid ASE A-6, A-8, and L-1 certificates or your ASE certification summary to this application.

C. Work experience/education.

1. Check one:

- I have at least five (5) years of full-time work experience performing emissions-related repairs on gasoline-powered on-road motor vehicles.
- I have at least two (2) years of full-time education related to the repair of gasoline-powered on-road motor vehicles and four (4) years of full-time work experience performing emissions-related repairs.

2. Facility number, if currently employed at Certified Emissions Repair Facility or Fleet Inspection Station: _____

C. Work experience/education, continued.

Present
Employer _____ Types of Repairs Performed _____
Address _____
City _____ State _____ ZIP _____ Dates Employed _____/_____/_____ To Present
Month Year
Phone _____ Number of hours worked per week _____

Prior
Employer _____ Types of Repairs Performed _____
Address _____
City _____ State _____ ZIP _____ Dates Employed _____/_____/_____ To _____/_____/_____
Month Year Month Year
Number of hours worked per week _____

Prior
Employer _____ Types of Repairs Performed _____
Address _____
City _____ State _____ ZIP _____ Dates Employed _____/_____/_____ To _____/_____/_____
Month Year Month Year
Number of hours worked per week _____

Educational
Facility _____ Course work _____
Address _____
City _____ State _____ ZIP _____
Dates Attended _____/_____/_____ To _____/_____/_____
Month Year Month Year
Total Credits Earned _____

D. Certification.

To the best of my knowledge, the information on this application is accurate. I understand that failure to provide accurate information could result in denial of a Master Certified Emissions Technician Certificate.

Signature **Date**