

**UTAH COUNTY HEALTH DEPARTMENT  
VEHICLE EMISSIONS INSPECTION/MAINTENANCE PROGRAM  
3255 North Main Street  
Spanish Fork UT 84660  
Phone: (801) 851-7600 Fax: (801) 851-7619**

**APPLICATION FOR CERTIFIED EMISSIONS MECHANIC PERMIT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
BUSINESS NAME OF LAST EMPLOYMENT: \_\_\_\_\_

In consideration of the granting of said permit, I hereby specifically agree to each of the following conditions and specifically waive all objections thereto. I agree to:

Read carefully and comply with all I/M Program Regulations and policies to ensure that each vehicle is inspected for emissions and tampering according to the required testing procedures. Ensure that all paperwork is completed correctly. Furthermore, if the vehicle fails to meet the emissions standard, I will inform the owner and obtain authorization before making any required repairs or adjustments at regular charges within the guidelines of the I/M Program; use no unfair means in soliciting such business, conduct the testing/repairs/adjustments in accordance with the most recent and reliable reference information; issue Certificates of Compliance only after the vehicle meets all the requirements of the law; and immediately notify the Utah County Health Department whenever I cannot comply with all aspects of the I/M Program.

I understand and agree that violation of this application agreement or any of the Regulations governing the Motor Vehicle Emissions Inspection/Maintenance Program, or other official policies and procedures of the Utah County Health Department may result in the suspension, revocation, or non-renewal of said permit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Passing Written Exam: \_\_\_\_\_ Test Score: \_\_\_\_\_

Date Passing Practical Exam: \_\_\_\_\_ Permit # UET00

ACCESS CODE \_\_\_\_\_ (5 digits) **Obtain verbally** Station # U \_\_\_\_\_

*Official I/M Emissions Technician Permit Fee:* \$25.00

*I/M Emission Technician Transfer Fee:* \$25.00

*Annual I/M Emissions Technician Renewal Fee:* \$25.00

*Annual Renewal of Expired I/M Emissions Technician Fee:* \$50.00