

# Application For Official Mobile Vehicle Emissions Inspection/Maintenance Station Permit

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Station Email: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Business Manager on Site: \_\_\_\_\_

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. 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.
- Correct any discrepancies as advised by the Utah County Health Department within the required period of time.
- Allow Bureau of Air Quality Program Auditors access to the equipment and testing area during working hours to conduct such inspections as may be necessary to guarantee compliance with the I/M Program Ordinance. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections. Testing will only occur in a public area where Auditors may inspect us. Any area where testing may occur on private property must be approved by the Department, and an agreement must be in place with the private property owner, including the same waiver that applies to the station.
- Ensure that at all times my facility is open, I have a responsible person in charge who can address any concerns regarding my facility or operation with a representative of the Utah County Health Department.
- Ensure that all my station, including myself and my employees, will comply with all conditions of this Permit.

To the fullest extent permitted by law, station shall indemnify, defend, and hold harmless the Health Department, and Utah County, its officers, employees, and agents, from and against any and all claims, demands, causes of action, orders, decrees, judgements, losses, risks of loss, damages, expenses, and liabilities arising out of or related to the Station Permit. Station shall also pay any litigation expenses that the County incurs, including attorney's fees, arising out of or related to the Station Permit. Station shall assume sole liability for any injuries or damages caused to a third party as a result of activities performed based on the Station Permit. The County reserves the right to conduct, control, and direct its own defense for any claims, demands, causes of action, orders, decrees, judgments, losses, damages, expenses, and liabilities arising out of or related to the station agreement.

The Station agrees that with respect to any losses covered by, or required to be covered by, property insurance under the terms of this Station Permit, Station hereby waives and releases the County, its officers, employees, and agents, from any and all claims and liability or responsibility with respect to such losses. Station further agrees that its insurance companies shall have no right of subrogation against the County on account of this application or station permit.

I understand and agree that violation of this application agreement or any of the Ordinance 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.



For information about use & privacy practices, visit [health.utahcounty.gov/p2](http://health.utahcounty.gov/p2).

I have read, understand, and agree with all the above statements.

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

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

Permit Number: U\_\_\_\_\_

Existing stations: enter current permit number. New stations will be assigned a permit number.

New Station Plan Review Fee: \$100.00

Annual Station Permit Fee: \$200.00