

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 OFFICIAL 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 premises during normal 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.

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 employees comply with the above stated conditions.

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.

Signature: _____ Date: _____

Fee Amount: _____ Date Paid: _____ Received By: _____

Permit Number: U _____

New Station Plan Review Fee \$100.00

Annual Station Permit Fee \$200.00