



# Massachusetts Vehicle Check Repair Technician Application

55 Messina Dr., Unit C, Braintree, MA 02184



Please complete **ALL** sections of this form in **INK**, sign and mail to Massachusetts Vehicle Check at address above, or FAX to (781) 849 – 2967.

**Incomplete applications will be returned.**

<b>SECTION A Applicant Information</b>			<b><u>PLEASE PRINT</u></b>		
1. Applicant Name:		First	Middle	Last	
2. Existing Registered Repair Technician ID: R _____					
3. Driver's License # :			4. Drivers License State:		
5. Date of Birth: _____		6. Drivers License Expiration: _____			
MM / DD / YY		MM / DD / YY			
7. Home Address:					
8. City:			9. Zip Code: _____ -- _____		
10. State:			11. Home Phone: ( _____ ) _____ - _____		
12. Alternate Phone: ( _____ ) _____ - _____			13. Fax: ( _____ ) _____ - _____		
14. Email:					
15. Association Memberships:					

<b>SECTION B ASE Certifications</b>	
16. Indicate which ASE certification(s) you have as a repair technician: 16a. <input type="checkbox"/> L-1 16b. <input type="checkbox"/> L-2 (Please attach ASE Certification documentation to this application.)	
17. ASE Certification Expiration Date(s): L-1: _____ L-2: _____ MM / DD / YY MM / DD / YY	
18. Indicate if you have a Diesel certification for a specific make (Honda, Toyota, ..) of vehicle(s) you are certified to work on: (List ALL that apply - Attach Diesel certification documentation to this application.)	
18a. _____	18d. _____
18b. _____	18e. _____
18c. _____	18f. _____

<b>SECTION C Repair Shop Affiliation:</b> List primary Repair Shop with which you will be affiliated.	
19. Repair Shop Name:	
20. Repair Shop ID: R P _____	

I certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that the statements made in this application are true and correct. I agree to abide by the Rules & Regulations set forth by the Commonwealth of Massachusetts. I understand that any reports of violations of the Emission Inspection Law, or of the Rules and Regulations will be investigated and, if found to be true, could result in my decertification as a Registered Repair Technician or other penalties. I agree to notify Massachusetts Vehicle Check within one week of changes in employment.	
_____	_____
Applicant Signature	Date