



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**.
- Adobe Acrobat Fill & Sign tools can be used to fill out the form after it is downloaded from the internet.
- 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.

- List ASE certificate expiration dates.
 - A-6 Electrical Systems: _____
 - A-8 Engine Performance: _____
 - L-1 Advanced Engine Performance: _____
- 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.

- 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.
- If employed at Certified Emissions Repair Facility or Fleet Inspection Station, facility number: _____

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 _____

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

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

Maryland Department of the Environment
Air and Radiation Management Administration • Mobile Sources Control Program
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410-537-3270 • 1-800-633-6101 x3270 • www.mde.maryland.gov/veip