



# Vehicle Emissions Inspection Program Fleet Inspection Station (FIS) Application

- An applicant seeking a FIS license program must complete this form. Contact Katharine Daristotle at [katharine.daristotle@maryland.gov](mailto:katharine.daristotle@maryland.gov) or 410-537-3270 for further information.
- There is no application fee. The applicant will be contacted to schedule a facility inspection.

## **A. Facility information.**

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Number of vehicles subject to VEIP: \_\_\_\_\_

## **B. Identify a Facility Representative who we may contact regarding facility information.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **C. Mailing address for written correspondence, if different from Section A above.**

\_\_\_\_\_

## **D. Facility ownership information. (Government agencies skip this section.)**

Person to contact regarding ownership information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If corporately owned, Corporation Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### **E. Personnel information.**

A FIS must employ a Master Certified Emissions Technician (MCET). Organizations with more than one FIS must employ a MCET at each location. Indicate below all individuals employed at this location that satisfy the MCET requirements. Submit an attachment if more than two individuals must be listed.

Name: \_\_\_\_\_ MCET #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ MCET #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **F. Workers' Compensation information.** As required by Sec. 1-102 of the Transportation Article of the Annotated Code of Maryland, I, \_\_\_\_\_, hereby

Print Name

affirm that I am in compliance with Maryland Workers' Compensation Act in that:

- I am **not** an employer subject to the Maryland Workers' Compensation Act, and am not required to provide employee coverage by that Act.
- I am an employer required to provide employee coverage by the Maryland Workers' Compensation Act and have secured such coverage, and submit the following as evidence:

Insurance company: \_\_\_\_\_

Policy/Binder number: \_\_\_\_\_

#### **G. Certification.** I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief. Furthermore, I understand that all facility licenses and certificates may be suspended, revoked, or refused, for violations of Vehicle Emissions Inspection Program regulations.

---

Signature

---

Date

---

Print Name

---

Title

Maryland Department of the Environment  
Air and Radiation Management Administration • Mobile Sources Control Program  
1800 Washington Blvd • Suite 705 • Baltimore Maryland 21230-1720  
410-537-3270 • 1-800-633-6101 x3270 • [www.mde.maryland.gov/veip](http://www.mde.maryland.gov/veip)