



# Vehicle Emissions Inspection Program Certified Emissions Repair Facility Application

- An applicant seeking entry into the Certified Emissions Repair Facility (CERF) program 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. The applicant will be contacted to schedule a facility inspection.

**A. Facility information to be included in CERF Map available to motorists.**

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

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

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

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

Website: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

**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. Owner Name:** \_\_\_\_\_

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

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

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

**E. Personnel information.**

A CERF must employ a Master Certified Emissions Technician (MCET). Indicate all MCETs employed at your facility. 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 Section 1-102 of the Transportation Article of the Annotated Code of Maryland, I, \_\_\_\_\_, hereby affirm that  
Print Name

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

**How did you learn about the CERF program?** ☐ CERF List/ Sign ☐ MDE Training/Visit ☐ Customer

☐ Business Assoc ☐ Mailing Other: \_\_\_\_\_

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