An applicant seeking a FIS license program must complete this form. Contact Katharine Daristotle at 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