



3225 Gateway Road, Suite 450
 Brookfield, WI 53045
 262-641-5217 (voice)
 262-641-5095 (fax)

**EMISSION REPAIR FACILITY
 PROFILE**

(please select one)

UPDATE **NEW REGISTRATION**

If you wish to register your repair facility with the vehicle inspection program or need to update your business record, please provide the following information for your repair facility. Mail the completed form with technician certifications to address above, or fax it to 262-641-5095, or scan to wisconsin@opusinspection.com. A recognized repair facility is one that employs at least one technician with ASE L1 certification, WISETECH training, or other equivalent training. Please attach copies of documentation for each technician's training or certifications.

FACILITY INFORMATION:

Facility Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Main Business Phone #: _____ E-Mail: _____

Owner or Manager: _____ County: _____

TECHNICIAN INFORMATION

Name: _____

Certifications:	ASE	Expiration Date	ASE	Expiration Date	WISETECH	School Name	Graduation Date
Circle & Indicate Expiration Date	L1	_____	L2	_____	_____	_____	_____

Other: (Explain) _____

DIESEL CERTIFICATIONS: Please indicate if you have diesel certification for a specific make (Honda, Ford, ..) of vehicle(s) you are certified to work on. List all that apply and attach Diesel certification documentation to this application:

TECHNICIAN INFORMATION

Name: _____

Certifications:	ASE	Expiration Date	ASE	Expiration Date	WISETECH	School Name	Graduation Date
Circle & Indicate Expiration Date	L1	_____	L2	_____	_____	_____	_____

Other: (Explain) _____

DIESEL CERTIFICATIONS: Please indicate if you have diesel certification for a specific make (Honda, Ford) of vehicle(s) you are certified to work on. List all that apply and attach Diesel certification documentation to this application:

VERIFICATION

As owner/manager of this repair facility, I verify that my facility is actively engaged in the automotive repair business and that information provided is accurate. I understand that it is my responsibility to notify the Wisconsin Vehicle Inspection Program if my profile information changes.

_____ Repair Facility Owner/Manager _____ Date

OFFICIAL USE ONLY:

Recognized: YES NO Registration Number: _____