



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 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
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