

Application for Approval

INDIANA CERTIFIED EMISSION REPAIR FACILITY

This form is to be submitted to IDEM after completion of ICERT training or relocation of a certified tech.
IDEM Office of Air Management, I/M Program
100 N. Senate Ave, Indianapolis, IN 46206-6015

Technician Information

First Name _____ M.I. _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Soc.Sec# _____

ASE Advanced Engine Performance (L1) Certification No. _____ Exp. ____/____/____

Please attach copies of the technicians L1 certifications to this form.

Shop Information

Shop Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Date of ICERT Training _____ Score (%) _____

Trainer (s) _____

Technician Signature _____ Date: _____

Office use only

Passed IDEM inspection

Yes No

Certification No. _____

Certificate Date ____/____/____

IDEM Rep Signature

Expiration Date ____/____/____