



BUREAU OF AUTOMOTIVE REPAIR LICENSING UNIT
 P.O. BOX 989001, WEST SACRAMENTO, CA 95798-9001
 (916) 255-3145
TECHNICIAN LICENSE RENEWAL APPLICATION

PART
1

***** I M P O R A N T *****

FILL IN THE REQUESTED INFORMATION, RETAIN PART 1 FOR YOUR RECORDS & RETURN PART 2 OF THIS FORM WITH A (\$20.00) FEE TO THE ADDRESS SHOWN IN PART 2. DO NOT SEND CASH; SEND A CHECK OR MONEY ORDER FOR THE RENEWAL. MAKE PAYABLE TO "BAR LICENSING". YOU CAN NOT USE THIS FORM TO CHANGE FROM AN EB TO AN EA LICENSE.

RBAEA
 01/31/07

TYPE	LICENSE NO	LICENSE EXPIRES	RENEWAL FEE PAID	DATE RENEWAL MAILED	YOUR CHECK NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$."/>	<input type="text" value="/ /"/>	<input type="text"/>

TO RENEW YOUR TECHNICIAN LICENSE, BOX D ON PART 3 OF THIS FORM MUST BE SIGNED. PLEASE BE AWARE THAT SUBMISSION OF THE REQUESTED INFORMATION IS MANDATORY. THE BUREAU CANNOT CONSIDER YOUR APPLICATION FOR RENEWAL UNLESS YOU PROVIDE ALL THE REQUESTED INFORMATION. FAILURE TO PROVIDE THE REQUESTED INFORMATION WILL RESULT IN A DELAY OF YOUR LICENSE RENEWAL. PROVIDING FALSE INFORMATION WILL CAUSE YOUR APPLICATION TO BE REJECTED AND THE FEE WILL NOT BE REFUNDED.

PLEASE ALLOW 4-6 WEEKS FOR THE PROCESSING OF YOUR RENEWAL. FAILURE TO SUBMIT YOUR RENEWAL FEES TIMELY WILL RESULT IN YOUR LICENSE BEING LOCKED OUT OF THE ANALYZER.

The Bureau of Automotive Repair of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 9884 and California Code of Regulations Sections 3351. The Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation. You are entitled to access records maintained by the Bureau, which contain your personal information. The information you provide may be disclosed in the following circumstances: in response to a Public Records Act request (Government Code Section 6250), as allowed by the Information Practices Act (Civil Code Section 1798) to another government agency as required by state or federal law, and/or in response to a court or administrative order, a subpoena, or a search warrant.

You may contact the Bureau of Automotive Repair, Licensing Unit at 10240 Systems Parkway, Sacramento 95827, (916) 255-3145 with any questions about this notice or the Bureau's licensing records. For questions about the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Ste. N – 324, Sacramento, CA 95834 (916) 574-8184.



RETURN PARTS 2 & 3 WITH FEE TO: ADDRESS BELOW

PART
2

STATE OF CALIFORNIA
 BUREAU OF AUTOMOTIVE REPAIR
 P.O. BOX 989001
 WEST SACRAMENTO, CA 95798-9001

PART
3



Bureau of Automotive Repair

**BUREAU OF AUTOMOTIVE REPAIR
 TECHNICIAN LICENSE RENEWAL**

D. CONTINUING EDUCATION CERTIFICATION STATEMENT
 I certify, under penalty of perjury that I have completed and can document if audited the Bureau required courses to renew the technician license. The BAR will validate all education course requirements prior to renewing your license.

Signature Required Here _____

LICENSE NO

LICENSE EXPIRES

 / /

**AMOUNT DUE
 NOW**

\$20.00

E. FOR ADDRESS/TELEPHONE CHANGE ONLY
 If your address or phone number has changed, please correct below.

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER () _____

WORK PHONE NUMBER () _____

Certification: You must meet ALL of the following three certification requirements. You may meet these requirements through certification from the National Institute for Automotive Service Excellence (ASE) and/or by completion of a training Program approved by the Bureau of Automotive Repair in a similar subject area. (NOTE: Alternative courses are valid for five years)

Note: Please provide a copy of certificate of completion for the update course.

I have the following ASE certification(s): (check the appropriate box)		I have the following Bureau alternative course(s): (check the appropriate box)	
	(Expiration date)		(Completion date)
1. <input type="checkbox"/> Electrical/Electronic Systems	_____ (A6)	<input type="checkbox"/> Electrical and Electronic Systems	_____
2. <input type="checkbox"/> Engine Performance	_____ (A8)	<input type="checkbox"/> Engine Performance Diagnosis & Repair	_____
3. <input type="checkbox"/> Advanced Engine Performance Specialist	_____ (L1)	<input type="checkbox"/> Advanced Emission Systems Diagnosis & Repair	_____
Update Training Course (Check this box if you meet this requirement)		(Completion date)	(School)
<input type="checkbox"/> I have completed the required Bureau of Automotive Repair certified Update Training Course.		_____	_____

Have you ever been issued a citation or had any license, certificate or registration denied, suspended, revoked, or placed on probation by this Department? (If yes, please explain below).

Yes No

Have you ever been convicted of, or pled guilty to, or pled nolo contendere to, any misdemeanor or felony offense of any state, or of the United States? (If yes, please explain below).

Yes No