



Application for Approval
Licensed E-Check Repair Facility

Check one:

[] Initial Application

[] Renewal

Facility Information:

Facility Name _____

Facility Address _____

City _____ State _____ Zip Code _____

Facility Phone Number _____ Fax Number _____

County _____ E-mail _____

Name of E-Check Certified Repair Technician(s):

1. _____ 3. _____

2. _____ 4. _____

License Requirements:

- 1. Each Licensed E-Check Repair Facility shall employ at least one E-Check Certified Repair Technician.
2. Ohio EPA shall be immediately notified of changes in facility location, name, and/or ownership.
3. Each Licensed E-Check Repair Facility shall display the official sign in full view of the public. The sign shall not be altered in any way and shall remain the property of Ohio EPA.
4. Each Licensed E-Check Repair Facility shall notify Ohio EPA within 7 days in writing when an E-Check Certified Repair Technician leaves employment at that facility.
5. Licensed E-Check Repair Facilities shall comply with Chapter 3745-26 of the Ohio Administrative Code.

Agreed to this date (Applicant's signature) _____ Date _____

Print Name: _____

For Office Use Only:

Facility ID _____

License Issue Date _____

Expiration Date _____

Onsite Visit Date _____

Mail or fax this completed application to:

Ohio EPA, MSS

Lazarus Government Center

P.O. Box 1049

Columbus, OH 43216-1049

fax: (614) 644-2019, Questions call (614) 644-3059

or visit: www.ohiocheck.org