



Vehicle Emissions Inspection Program

Master Certified Emissions Technician Application

- An applicant seeking certification as a Master Certified Emissions Technician (MCET) must complete this form and email it to **mde.veip@maryland.gov**, or fax it to **410-537-4435**.
- Adobe Acrobat Fill & Sign tools can be used to fill out the form after it is downloaded from the internet.
- There is no application fee.
- Once certified, a MCET must continue to submit National Institute of Automotive Service Excellence (ASE) renewal certificates to MDE in order to maintain MCET certification.

A. Technician information.

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Prior MCET number, if previously certified: _____

B. Accreditations. Indicate that you possess the required valid ASE certificates.

1. List ASE certificate expiration dates. a. A-6 Electrical Systems: _____

b. A-8 Engine Performance: _____

c. L-1 Advanced Engine Performance: _____

2. ATTACH A COPY of your current, valid ASE A-6, A-8, and L-1 certificates or your ASE certification summary to this application.

C. Work experience/education.

1. Check one:

☐ I have at least five (5) years of full-time work experience performing emissions-related repairs on gasoline- powered on-road motor vehicles.

☐ I have at least two (2) years of full-time education related to the repair of gasoline-powered on-road motor vehicles and four (4) years of full-time work experience performing emissions-related repairs.

2. If employed at Certified Emissions Repair Facility or Fleet Inspection Station, facility number: _____

C. Work experience/education, continued.

Present Employer _____	Types of Repairs Performed _____
Address _____	_____
City _____ State _____ ZIP _____	Dates Employed _____/_____/_____ To Present Month Year
Phone _____	Number of hours worked per week _____
 Prior Employer _____	 Types of Repairs Performed _____
Address _____	_____
City _____ State _____ ZIP _____	Dates Employed _____/_____/_____ To _____/_____ Month Year Month Year
	Number of hours worked per week _____
 Educational Facility _____	 Course work _____
Address _____	_____
City _____ State _____ ZIP _____	_____
Dates Attended _____/_____/_____ To _____/_____ Month Year Month Year	Total Credits Earned _____

D. Certification.

To the best of my knowledge, the information on this application is accurate. I understand that failure to provide accurate information could result in denial of a Master Certified Emissions Technician Certificate.

Signature

Date

Maryland Department of the Environment
Air and Radiation Management Administration • Mobile Sources Control Program
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410-537-3270 • 1-800-633-6101 x3270 • www.mde.maryland.gov/veip