



Commonwealth of the Northern Mariana Islands

OFFICE OF THE GOVERNOR

Bureau of Environmental and Coastal Quality

DEQ: P.O. Box 501304 Saipan, MP 96950 Tel.: (670) 664-8500/01; Fax: (670) 664-8540

DCRM: P.O. Box 10007, Saipan, MP 96950 Tel.: (670) 664-8300; Fax: (670) 664-8315

www.deq.gov.mp and www.crm.gov.mp



Clean Air Program VISIBLE EMISSIONS CERTIFICATION (VEC) FORM	BECQ USE ONLY
<p>The purpose of the Air Pollution Control Regulations, technical provisions and specifications is to establish certain minimum standards and requirements as determined by the Department to be necessary for the public health and safety to ensure that air resources are protected against pollution and do not constitute a health hazard in the Commonwealth of the Northern Mariana Islands.</p>	

APPLICATION CHECKLIST

<input type="checkbox"/> \$40 Certification Fee <i>*Required</i> (Shall be assessed upon passing and issuance of VEC.) (Cash or Check made payable to "CNMI Treasury"). This fee also applies to "Renewal" of Visible Emissions Certification Application forms. Air Pollution Control Regulations [APCR § 65-10-104 (b)(2)]	<input type="checkbox"/> Copy of the Operator's Driver License <i>*Required</i> (Please ensure that the Driver License of the Operator is not expired.)	<input type="checkbox"/> Copy of the Bill of Sale <i>*Required</i> (NOTE: This is needed if the vehicle is newly purchased from off-island or from another owner.)
<input type="checkbox"/> Copy of Motor Vehicle Registration <i>*Required</i> (From the Department of Public Safety – Bureau of Motor Vehicles)	<input type="checkbox"/> Copy of Insurance for Motor Vehicle <i>*Required</i>	

TYPE OF APPLICATION

<input type="checkbox"/> NEW APPLICATION (\$40.00)	<input type="checkbox"/> RENEWAL (\$40.00)	<input type="checkbox"/> RE-TESTING (\$10) <i>If testing is failed, re-testing shall be performed no later than 30 calendar days; each retest will be assessed an additional fee of \$10. [APCR §65-10-104 (b)(3)]</i>
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OWNER INFORMATION

Owner Name (Corporation, Individual, Public Agency, or Other entity)	
Mailing Address	
Phone Number / Fax Number	Email Address

DRIVER INFORMATION

Operator Name	
Driver License No.	Expiration of Driver License
Phone Number / Fax Number	Email Address (Optional)

VEHICLE INFORMATION

			ISSUE DATE		RENEWAL DATE	
LICENSE PLATE NUMBER	YEAR	MAKE	MODEL	BODY STYLE	COLOR	WEIGHT
VEHICLE IDENTIFICATION NUMBER (VIN) / BODY SERIAL NUMBER			ENGINE SERIAL NUMBER	CYLINDER	CAPACITY	

STATEMENT

I certify that the information provided on this form and all the attached documents is true, accurate, and complete. I agree to appear at the BECQ Office or BECQ-DEQ Inspector's approved location at the said date and time for the Visible Emission Certification (VEC) testing or re-testing until the vehicle has complied with the CNMI Air Pollution Control Regulations [APCR § 65-10-104] [Commonwealth Register Vol. 39, Number 12, December 29, 2017]. Failure to do so will result in an enforcement action. ***Required**

Print Name	Signature	Date
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VISIBLE EMISSION CERTIFICATION (VEC) TESTING (BECQ USE ONLY)

EMISSION TEST TIME	STATUS
Start / End Time	<input type="checkbox"/> PASS
	<input type="checkbox"/> FAIL

COMMENTS

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BECQ-DEQ Inspector Name & Title	Signature	Date
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VISIBLE EMISSION CERTIFICATION (VEC) RE-TESTING (BECQ USE ONLY)

EMISSION RE-TEST TIME	STATUS
Start / End Time	<input type="checkbox"/> PASS
	<input type="checkbox"/> FAIL

COMMENTS

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BECQ-DEQ Inspector Name & Title	Signature	Date
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