

TEXAS DEPARTMENT OF PUBLIC SAFETY RECOGNIZED REPAIR SUMMARY SHEET

Facility Name _____

Facility ID

Report Month/Year

OUR FACILITY HAS NOT CONDUCTED ANY EMISSIONS RELATED REPAIRS THIS MONTH.

REPAIR MONTH/DAY YR MODEL LICENSE PLATE # VIN

RECOGNIZED TECH ID# (LAST 6 DIGITS)

FUEL SYSTEM (100) **IGNITION/ELECTRICAL SYSTEM (200)** **EMISSIONS SYSTEM (300)** **ENGINE MECHANICAL (400)** **MISCELLANEOUS (500)**
 FUEL PUMP (110) BATTERY/CHARGING SYSTEM (210) CAT (310) ENGINE BLOCK (410) TRANS/FINAL DRIVE (510)
 FUEL FILTER (120) SPARK PLUGS (220) EGR (320) CAMSHAFT (420) VEHICLE FLUIDS (520)
 INJECTORS (130) SPARK PLUG WIRES (230) AIS (330) CYLINDER HEAD (430) COOLING SYSTEM (530)
 THROTTLE BODY (140) SPARK TIMING (240) PCV (340) VALVES (MECHANICAL) (440) EXHAUST SYSTEM (540)
 O2 SENSOR (150) PCM (250) EVAP (350) VALVES (OIL SEALS) (450)

DIAGNOSIS + PARTS + LABOR = TOTAL REPAIR COST

At the discretion of the motorist, **NOT** all recommended repairs were performed.

AirCheckTexas Repair & Replacement Program Vehicle

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AirCheckTexas Repair & Replacement Program Vehicle

INSTRUCTIONS FOR COMPLETING THE RECOGNIZED REPAIR SUMMARY SHEET

THIS FORM MAY BE REPRODUCED IF ADDITIONAL COPIES ARE REQUIRED

Each Recognized Repair Facility is required to submit a Recognized Repair Summary Sheet on a **MONTHLY** basis. The summary sheets are used to calculate your facilities Repair Effectiveness Rating, so it is critical that you report the information accurately.

WHEN SHOULD THE REPAIR SUMMARY SHEET BE COMPLETED?

A data entry should be made on the repair summary sheet each time your facility makes repairs to a vehicle, that is seeking repairs due to a failed emissions test.

WHAT IF MY FACILITY HAS NOT PERFORMED ANY EMISSIONS RELATED REPAIRS DURING THE MONTH?

We have provided a box at the top of the form which indicates that no repairs have been performed. Check the box and **mail or fax** blank summary sheet.

Our facility has not conducted any emissions related repairs this month.



WHERE DO I SEND THE REPAIR SUMMARY SHEETS?

Submit your repair summary sheets by MAIL or FAX.

MAIL

Texas Department of Public Safety
Vehicle Inspection Bureau
PO Box 4087
Austin, TX 78773-0543

FAX

(512) 424-2774

BE SURE TO INCLUDE THE FOLLOWING INFORMATION ON THE REPAIR SUMMARY SHEET:

FACILITY INFORMATION

Recognized Repair Facility Name
Recognized Repair Facility ID (11 digits)
Report Month/Year - 2 digit month & year (ex: March, 2007 = 0307)

REPAIR INFORMATION

Repair Month/Day - 2 digit month & day (ex: March 12th = 0312)
Year model of vehicle - Last 2 digits (1989 model year car = 89)
License plate number - 6 digits (Do not leave blank spaces)
Vehicle Identification Number (VIN) - 17 digits
Recognized Repair Technician ID - (last 6 digits) If repairs were completed by a Non-Recognized Repair Technician enter NRT.

Repairs - Darken the repair item that best describes the type of repair that you performed on the vehicle.
If your repair is not specifically listed under one of the categories, then check the category which best describes the type of repair that you performed.

Example:

Repair **related** to one of the items

Repair:	<input type="checkbox"/> Engine Mechanical (400)
Replace Cylinder	<input type="checkbox"/> Engine Block (410)
Head	<input type="checkbox"/> Camshaft (420)
	<input checked="" type="checkbox"/> Cylinder Head (430)
	<input type="checkbox"/> Valves (Mechanical) (440)
	<input type="checkbox"/> Valves (Oil Seals) (450)

Repair **not related** or listed

Repair:	<input checked="" type="checkbox"/> Ignition/Electrical System (200)
Repair/Replace	<input type="checkbox"/> Battery/Charging System (210)
Wiring Harness	<input type="checkbox"/> Spark plugs (220)
	<input type="checkbox"/> Spark plug wires (230)
	<input type="checkbox"/> Timing (240)
	<input type="checkbox"/> PCM (250)

Total Repair Cost - Enter the total cost for diagnosis, parts and labor.

Recommended Repairs Not Performed - Check this box if the motorist has chosen NOT to have some of the recommended repairs performed.

AirCheckTexas Repair and Replacement Program Vehicle - Check this box if the vehicle, on which you have performed the repairs, is participating in the repair assistance program.