



Ohio E-Check
Vehicle Emissions Testing Program

Exemption/Extension Application Instructions

Ohio EPA is working to improve the air quality in Ohio while providing the best customer service possible. In that effort, if you have questions about this application, **please feel free to call us at (614) 644-3059.**

You may qualify for an exemption or extension from the E-Check testing requirements. To apply, you must submit all applicable paperwork to Ohio EPA or Envirotest as described below per the situation. Please be sure not to include any social security numbers.

Out of State Vehicles (in a testing area): Vehicles located out of state in an area that has a motor vehicle emissions inspection program. Not sure? Call 614-644-3059 and we can help.

- Copy of the Ohio vehicle registration OR Ohio title OR BMV vehicle registration mail-in renewal notice
- Completed Exemption/Extension Application (Vehicle Location Verification section not required)
- Out of State Vehicle Inspection Report: You must submit the **original** passing emissions test/report by mail – cannot be a copy, faxed or emailed.

Out of State Vehicles (not in a testing area): Vehicles that are NOT in an area that has a motor vehicle emissions inspection program. Not sure? Call 614-644-3059 and we can help.

- Copy of the Ohio vehicle registration OR Ohio title OR BMV vehicle registration mail-in renewal notice
- Completed Exemption/Extension Application with the Vehicle Location Verification section completed

Military Exemption: Vehicles that are located out of state that are owned or operated by military personnel or their spouses

- Copy of the Ohio vehicle registration OR Ohio title OR BMV vehicle registration mail-in renewal notice
- Completed Exemption/Extension Application and Copy of your (or your spouse's) military orders and current military ID (front only). **Please redact or black out any social security numbers** – OR Completed Exemption/ Extension Application with the **Vehicle Location Verification section completed**

Student Exemption: Vehicles that are located out of state, not in another state's testing area, and are being operated by a student. (This does not apply to students attending school within the state of Ohio.)

- Copy of the Ohio vehicle registration OR Ohio title OR BMV vehicle registration mail-in renewal notice
- Completed Exemption/Extension Application and statement from the school's registrar- or copy of current registration- or copy of current billing statement. The documentation must contain the school's name, address, and phone number and confirmation of effective dates of the student's registration – **OR** Completed Exemption/Extension Application with the **Vehicle Location Verification section completed**

If your application is approved, we will mail you an exemption/extension certificate and an e-mail, if provided an email address. Once you receive your certificate/e-mail you may apply to renew your registration. **For questions regarding the registration process call the Bureau of Motor Vehicles (BMV) at 614-752-7800 or 1-800-589-TAGS(8247).**

Please allow up to 10 business days for the application to be processed once it is received if applying by mail.

If you wish Ohio EPA to mail your certificate and registration materials to Ohio BMV upon completion, please include your check or money order to the BMV, your signed BMV vehicle registration mail-in renewal notice, and the unsealed stamped envelope addressed to the BMV.

Please mail or deliver this original application and additional documents to one of the following E-Check offices:

Ohio EPA E-Check
2190 Pinnacle Pkwy.
Twinsburg, OH 44087
(330) 963-4479
M-F: 8:00 a.m. – 5:00 p.m.

Ohio EPA E-Check
50 West Town St. Suite 700
Columbus, OH 43215
(614) 644-3059
M-F: 8:00 a.m. – 5:00 p.m. (walk in by appointment only)

Or stop by one of the 23 full-service E-Check stations with this application and all other required documents and have your request processed while you wait. E-Check locations can be found at www.ohioecheck.org or call 1-800-CAR-TEST. Please note that these stations will not forward your registration materials to the Ohio BMV.



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The top portion of the form must be filled out by the owner or operator of the vehicle. The Vehicle Verification section of the form must be filled out by an official from the state or city where the vehicle is located, **unless the verification section is not required according to the instructions**. Any person who knowingly provides false information or statements on this form according to Ohio Revised Code (ORC) 3704.05(H) is subject to civil and/or criminal penalties as provided in Ohio Revised Code (ORC) 3704.06(C) and Ohio Revised Code (ORC) 3704.99(B).

Vehicle Information

Make:	Model:	Year:	License Plate:
Vehicle Identification Number (VIN):			Registration Expiration:
Owner Name:		Operator Name:	
OH Address (No P O Boxes): (<input type="checkbox"/> Mail to this address)		Out of State Address: (<input type="checkbox"/> Mail to this address)	
City:	County:	City:	County:
State, Zip:		State, Zip:	
*Daytime Telephone Number: ()		Email address:	

*Phone number must be included. If an email address is provided, we will email you the certificate number for your vehicle registration renewal. Sometimes this email goes to your spam or junk mailbox.

Vehicle has been at the out of state address listed above since _____ for (check one)
(Enter Date)

Military Student Employment Out of State Residence Other (specify reason) _____.

The vehicle will be returned by _____. (Must be a date. Will not accept unknown, not known, etc.)
(Enter Date or Estimated Date)

I certify that the above information is accurate to the best of my knowledge and is made under penalty of perjury.

Signature of Owner/Operator: _____ Date: _____

Vehicle Location Verification

(See instructions)

Place a check (✓) next to one of the following:

Local/State/Military/School Law Enforcement Officer Government Agency Local Motor Vehicle Agency

I certify that the vehicle described above is physically located within the geographical or law enforcement jurisdiction of this agency, institution, or base.

Signed: _____ Badge Number: _____ Date: _____

Print Name: _____ Phone Number: _____

Police Department/School/Military Base/Agency: _____

Address, City, State, Zip: _____