

Your vehicle is entitled to one free retest per cycle provided that, (1) the vehicle is retested within 60 days of its initial fail date and (2) this Emissions Repair form is filled out, signed and presented at the time of the retest. If your vehicle fails the retest, you may be eligible for a cost expenditure waiver. To qualify for the waiver your vehicle must be repaired at a Connecticut Certified Emissions Repair Facility (CERF) with a minimum emissions repair expenditure of \$939. Geographic lists of CERF facilities are available at all official CT Emissions Test Centers, by visiting myctvip.com, or by calling 877-469-2884. For more waiver information, please review the Fail and Repair brochure available at all Test Centers or at myctvip.com. **You can repair the vehicle yourself or have the repairs performed at a non-certified facility; however, the repairs will not be eligible to be applied towards the cost expenditure waiver. To apply for a waiver, please visit myctvip.com.**

PLEASE NOTE: Only repairs performed by CERT qualify to be applied towards the cost expenditure waiver.

VIN: _____ Make: _____ Engine Size: _____
 License Plate: _____ Model: _____ Year: _____ Test Type Failed: _____

Repairs by CERF / CERT

I declare under the penalty of false statement (GCS Sec. 53a-157b) that all factory installed emissions components are present and functioning and the information provided on this form is accurate and complete.

Facility Name: _____ Address / City / Zip: _____
 Emissions Parts Cost: \$ _____ Emissions Labor Cost: \$ _____ Repair Date: _____
 Technician Signature: _____ Facility D&R License #: _____

Repairs by Non-Certified Facility

Facility Name: _____ Address / City / Zip: _____ D&R License #: _____
 Emissions Parts Cost: \$ _____ Emissions Labor Cost: \$ _____ Repair Date: _____
 Technician Signature: _____

Owner / Self Repairs

Owner Name: _____ Owner Signature: _____ Repair Date: _____ Emissions Parts Cost: \$ _____

No Repairs

If the vehicle owner did not perform repairs, the owner must acknowledge and sign the following: By checking the box below and signing below I declare under penalty of false statement (CGS Sec. 53a-157b) that no repairs were made to the vehicle identified by the VIN listed above on this form.

No repairs were made to my vehicle: Owner Signature: _____

Emissions Control System	Ignition System	Fuel System	Computer System
Positive Crankcase Ventilation	Primary	Carburetor	Sensors
PCV Valve _____	Ignition Module _____	Fuel Filter _____	Coolant Temp _____
PCV Hose _____	Distributor _____	Air Filter _____	Air Temp _____
Air Injection System	Spark Control _____	Adjustment _____	Throttle Position _____
Air Pump _____	Secondary	Rebuild/Replace _____	Oxygen _____
Pulse Valve _____	Spark Plugs _____	Fuel Injection	Map _____
Pump Belt _____	Ignition Wires _____	Pressure Regulator _____	BARO _____
Diverter Valve _____	Cap/Rotor _____	Throttle Body _____	EGR Valve Position _____
Plumbing _____	Initial Timing _____	Fuel Distributor _____	Engine Speed _____
Check Valve _____	Ignition Coil _____	Fuel Injectors _____	Vehicle Speed _____
Exhaust Gas Recirculation	Engine Mechanical	Cold Start Valve _____	Mass Air Flow _____
Vacuum Routing _____	Vacuum Leaks _____	Injector Pump _____	Crankshaft Position _____
EGR Valve _____	Cylinder Heads _____	Glow Plugs _____	Camshaft Position _____
Passages Cleaned _____	Valve Train _____	Evaporative	
Controls (non-computer) _____	Valve Adjustments _____	Vacuum Routing _____	
Exhaust	Lower End _____	Purge Valve _____	
Catalytic Converter _____	Intake Manifold _____	Fuel Cap _____	
	Turbo _____	Vapor Lines _____	
	Supercharger _____	Charcoal Canister _____	

Abbreviations
WAR for Warranty
REP for Repair
ADJ for Adjusted
R for Replaced

List repairs made to correct failure - Repair Orders / Receipts must be attached to this form.

Other Components/Comments
