

## REQUIRED SUPPORTING DOCUMENT CHECKLIST FOR TEST INCOMPATIBILITY / ALTERNATIVE TEST PROCEDURE

## **PURPOSE:**

To ensure vehicle owners submit the required documents to assist with Referee review of the Referee Appointment Request Form.

## **IMPORTANT NOTE:**

Please ensure you submit all of the required supporting documents listed below. Otherwise, it may delay the Referee review process and result in a denial.

## **TEST TYPE(S) ATTEMPTED:**

**ON-BOARD DIAGNOSTIC (OBD) TEST** 

**SMOKE OPACITY TEST** 

**VEHICLE EMISSIONS CONTROL EQUIPMENT INSPECTION (VISUAL INSPECTION)** 

TEST & VEHICLE DETAILS:
DATE OF MOST RECENT TEST ATTEMPT:
NUMBER OF TEST ATTEMPTS:
REASON REQUIRED TEST COULD NOT BE PERFORMED:
WAS THE PROBLEM TEST EQUIPMENT OR VEHICLE RELATED? PLEASE DETAIL:

REQUESTED ALTERNATIVE TEST PROCEDURE:
OBD SCAN COMPLETION:
YES
NO
Would you be willing to receive a rental alternative OBD communication device supplied by the Referee program?
YES
NO
ADDITIONAL COMMENTS (OPTIONAL):