



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](http://www.deq.gov.mp) and [www.crm.gov.mp](http://www.crm.gov.mp)



<b>Clean Air Program</b> <b>VEHICLE EMISSIONS CERTIFICATION (VEC) FORM</b>	<b>BECQ USE ONLY</b>
<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"/> <b>\$40 Application Fee</b>  <small>(Cash or Check made payable to "CNMI Treasury"). This fee also applies to "Renewal" of Vehicle Emissions Certification Application forms. Air Pollution Control Regulations [APCR Part 2 § 34 (b) (2)]</small>	<input type="checkbox"/> <b>Copy of the Operator's Driver's License</b>  <small>(Please ensure that the Driver's License of the Operator is not expired.)</small>	<input type="checkbox"/> <b>Copy of the Bill of Sale</b>  <small>(NOTE: This is needed if the vehicle is newly purchased from off-island or from another owner.)</small>
<input type="checkbox"/> <b>Copy of Motor Vehicle Registration</b>  <small>(From the Department of Public Safety – Bureau of Motor Vehicles).</small>	<input type="checkbox"/> <b>Copy of Insurance for Motor Vehicle</b>	

**TYPE OF APPLICATION**

<input type="checkbox"/> <b>NEW APPLICATION (\$40.00)</b>	<input type="checkbox"/> <b>RENEWAL (\$40.00)</b>	<input type="checkbox"/> <b>RE-TESTING (\$10)</b> <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. Air Pollution Control Regulations [APCR Part 2 § 34 (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's License No.	Expiration of Driver's 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, at the said date and time for the Vehicle Emission Certification (VEC) testing or re-testing until the vehicle has complied with the CNMI Air Pollution Control Regulations [APCR Part 2 § 34] [Commonwealth Register Vol. 39, Number 12, December 29, 2017]. Failure to do so will result in an enforcement action.

Print Name

Signature

Date

**VEHICLE EMISSION CERTIFICATION (VEC) TESTING (BECQ USE ONLY)**

**\$40** Fee (Cash or Check made payable to "CNMI Treasury"). This fee also applies to "Renewal" of Vehicle Emissions Certification Application forms. Air Pollution Control Regulations [APCR Part 2 § 34 (b) (2)]

**EMISSION TEST TIME**

**STATUS**

Start / End Time

**PASS**

**FAIL**

**COMMENTS**

BECQ-DEQ Inspector Name & Title

Signature

Date

**VEHICLE EMISSION CERTIFICATION (VEC) RE-TESTING (BECQ USE ONLY)**

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** (Cash or Check made payable to "CNMI Treasury"). Air Pollution Control Regulations [APCR Part 2 § 34 (b) (3)]

**EMISSION RE-TEST TIME**

**STATUS**

Start / End Time

**PASS**

**FAIL**

**COMMENTS**

BECQ-DEQ Inspector Name & Title

Signature

Date