

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA • STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.



Bureau of Automotive Repair

Consumer Assistance Program

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916.403.8800 Telephone 1.866.361.3933 Toll Free
916.464.1212 Fax

www.smogcheck.ca.gov



“DESIGNATION OF PERSON TO AUTHORIZE CONSUMER ASSISTANCE PROGRAM (CAP) REPAIRS”

I hereby designate the individual named below to authorize CAP repair work to my vehicle.

Name of Designee: _____ Phone Number: _____
(Please Print)

Fax Number: _____ E-Mail Address: _____

Name of CAP Applicant: _____ CAP ID No.: _____

I have read this document carefully and understand that by signing it, I have granted permission to another person to authorize emissions-related repairs to be performed on my vehicle as part of the Consumer Assistance Program.

(CAP Applicant’s Signature)

Date: