

CONSUMER ASSISTANCE PROGRAM

10949 North Mather Boulevard, Rancho Cordova, CA 95670

Toll Free (866) 361-3933 Local (916) 403-8800 Fax (916) 464-1212 | www.bar.ca.gov



DESIGNATION OF PERSON TO AUTHORIZE CONSUMER ASSISTANCE PROGRAM REPAIRS

INSTRUCTIONS

1. Complete all sections.
2. Print, sign, and date the form.
3. Return the form to the automotive repair dealer performing Consumer Assistance Program (CAP) repair work to your vehicle.

Please type or print legibly in ink.

SECTION A. CAP APPLICANT INFORMATION	
NAME OF CAP APPLICANT	
CAP ID NO.	
SECTION B. DESIGNEE INFORMATION	
I hereby designate the individual named below to authorize CAP repair work to my vehicle.	
NAME OF DESIGNEE	
EMAIL ADDRESS	
PHONE NUMBER	FAX NUMBER
SECTION C. APPLICANT AUTHORIZATION	
I have read this document carefully and understand that by signing it, I have granted permission to designee identified in Section B to authorize emissions-related repairs to be performed on my vehicle as part of CAP.	
CAP APPLICANT'S SIGNATURE	DATE