

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY $\, \cdot \,$ GAVIN NEWSOM, GOVERNOR

BUREAU OF AUTOMOTIVE REPAIR | CONSUMER ASSISTANCE PROGRAM



10949 North Mather Boulevard, Rancho Cordova, CA 95670 | (866) 272-9642 | (916) 403-8800 | www.bar.ca.gov

DESIGNATION OF PERSON TO AUTHORIZE CONSUMER ASSISTANCE PROGRAM REPAIRS

SECTION A. CAP APPLICANT INFORMATION	
Applicant/Registered Owner Name	
CAP ID Number	
SECTION B. DESIGNEE INFORMATION	
Full Name of Designee	
Phone Number (XXX-XXX-XXXX)	Email Address
SECTION C. APPLICANT AUTHORIZATION	
I have read this document carefully and that by signing it, I ha emission-related repairs to be performed on my vehicle as particles.	ve granted permission for the designee identified in Section B to authorize rt of CAP.
Print Applicant/Registered Owner Name	
Applicant/Registered Owner Signature	Date
RETURN THIS FORM TO THE AUTOMOTIVE REPAIR DEALER PERFORMING	

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