



## 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 have granted permission for the designee identified in Section B to authorize emission-related repairs to be performed on my vehicle as part of CAP.

Print Applicant/Registered Owner Name

Applicant/Registered Owner Signature

Date

**RETURN THIS FORM TO THE AUTOMOTIVE REPAIR DEALER PERFORMING  
THE CAP REPAIR WORK TO YOUR VEHICLE.**