

DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.



Bureau of Automotive Repair

**Consumer Assistance Program**

10949 North Mather Blvd.  
Rancho Cordova, CA 95670  
916.403.8800 Telephone 1.866.361.3933 Toll Free  
916.464.1212 Fax  
[www.smogcheck.ca.gov](http://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: