

DEPARTMENT OF CONSUMER AFFAIRS

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



Bureau of Automotive Repair

Consumer Assistance Program

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STAR & CONSUMER ASSISTANCE PROGRAM (CAP)

REQUEST FOR STATUS CHANGE
INACTIVE OR PROGRAM WITHDRAW

| | |
|--|-----------------------|
| Station Name | Date |
| Phone Number | License Number |
| INACTIVE STATUS REQUEST | |
| <p>I hereby request that this station be placed on inactive status from the STAR and Consumer Assistance Program (CAP).</p> <p>Requests to continue inactive status beyond 90 days will be considered on a case by case basis.</p> <p>Approximate date of return to active status: _____</p> | |
| WITHDRAWAL REQUEST | |
| <p>I hereby request to withdraw from the STAR and Consumer Assistance Program (CAP). I understand that my STAR certification and CAP Standard Agreement will be canceled.</p> <p>Withdrawal date: _____.</p> | |
| REASON | |
| | |
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| <p><i>I understand that I will no longer be able to perform the following:</i></p> <ul style="list-style-type: none"> • Conduct CAP Repairs • Certify Gross Polluters • Certify Failed Test-Only Directed Vehicles • Conduct Initial Test on Test-only Vehicles • Display STAR Station Signage | |
| Owner/President/Partner Signature | Date |
| Print Name | Date |