

**CONSUMER ASSISTANCE PROGRAM**

10949 North Mather Boulevard, Rancho Cordova, CA 95670

Toll Free (866) 272-9642 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.*

<b>SECTION A. CAP APPLICANT INFORMATION</b>	
<b>NAME OF CAP APPLICANT</b>	
<b>CAP ID NO.</b>	
<b>SECTION B. DESIGNEE INFORMATION</b>	
I hereby designate the individual named below to authorize CAP repair work to my vehicle.	
<b>NAME OF DESIGNEE</b>	
<b>EMAIL ADDRESS</b>	
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>
<b>SECTION C. APPLICANT AUTHORIZATION</b>	
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.	
<b>CAP APPLICANT'S SIGNATURE</b>	<b>DATE</b>