



Consumer Assistance Program Application

Receive up to \$1,500 to Retire Your Vehicle

Para obtener una solicitud en español, llámenos al 800.952.5210.

Please fill out the application completely. Incomplete applications cannot be processed and may be returned.

Program Option (Choose only one)

- Vehicle Retirement** - Income-eligible vehicle owners may receive \$1,500 to retire their vehicle. All others may receive \$1,000.
- Repair Assistance** - Income-eligible vehicle owners may receive up to ~~\$1,200~~ \$500 in emissions-related repairs if their model year 1996 or newer vehicle fails a biennial Smog Check inspection. Income-eligible vehicle owners of model year 1976 through 1995 vehicles may receive up to \$900 in emission-related repairs.

For a complete list of eligibility requirements, please visit www.smogcheckbar.ca.gov.

Registered Owner Information

LAST NAME		FIRST NAME	M.I.	DRIVER LICENSE OR I.D. #	DATE OF BIRTH
MAILING ADDRESS	APT.	CITY	STATE	ZIP	DAYTIME PHONE #

Joint Registered Owner Information (if applicable)

LAST NAME		FIRST NAME	M.I.	DRIVER LICENSE OR I.D. #	DATE OF BIRTH
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Vehicle Information

VEHICLE YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION # (VIN)	CALIFORNIA LICENSE PLATE #
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Income Verification

NUMBER OF PEOPLE (INCLUDE ING YOURSELF) LIVING IN THE HOUSEHOLD IS: _____

GROSS HOUSEHOLD INCOME IS: \$ _____ MONTHLY YEARLY

Signature(s) Required

I acknowledge that the information provided on this application will be used to assess and verify my eligibility for assistance, and upon request, I may be required to provide documentation to the Bureau of Automotive Repair verifying household income. My signature gives consent for this information to be shared with other government agencies. I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information on this application is true and correct. I understand that submitting false information may result in a criminal conviction in addition to civil penalties, and that I will not be eligible to receive future assistance in the Consumer Assistance Program (CAP). I further understand and agree that if my vehicle does not meet all program eligibility requirements, it will not be allowed into the CAP.

Registered Owner

Print Name: _____ Signature: _____ Date: _____

Joint Registered Owner

Print Name: _____ Signature: _____ Date: _____

MAIL YOUR COMPLETED APPLICATION TO:

Bureau of Automotive Repair, Consumer Assistance Program, 10949 N. Mather Blvd., Rancho Cordova, CA 95670

Vehicle retirement and repair assistance can only be performed at State approved facilities. CAP will not reimburse consumers for work performed prior to the approval of an application. Financial assistance is based on the availability of funds.

Questions? Please call 866.272.9642 or visit www.smogcheckbar.ca.gov.

Pursuant to Section 1798.17 of the Civil Code (Information Practices Act), the Director of the Department of Consumer Affairs is responsible for maintaining the information in this application. Information may be transferred to other governmental agencies if required. Individuals have the right to review the records maintained on them by the agency, unless the records are exempted by Section 1798.40 of the Civil Code.