



Air Quality Vehicle Emissions

FLEET AGENT DESIGNATION FORM

Return completed Designation form to:

Vehicle Emissions Inspection
1110 W. Washington Street
Phoenix, AZ 85007

OR

Vehicle Emissions Inspection
4040 E. 29th Street
Tucson, AZ 85711

Type/Print Name & Title of Designated Fleet Agent: _____

Type/Print Name & Title of Designated Fleet Co-Agent: _____

is/are employed by the fleet station and accept the responsibilities of the administration and the day-to-day operation of my Fleet Emissions Inspection Station. I understand that as the owner or corporate officer, I retain full responsibility for assuring said fleet station is operated in accordance with applicable state laws and duly adopted Rules of the Department.

I also understand that having designated agents, I must:

1. Employ the person named as the fleet agent.
2. Immediately notify the Department by telephone and within seven days in writing of any changes in the employment status of designated fleet agent.
3. Cease fleet inspections if designated fleet agent leaves my employment.
4. Not resume fleet inspections until the fleet agent requirements have been met.

Signature of Fleet Applicant/Owner/Corporate Officer: _____

Type/Print Name & Title of Fleet Applicant/Owner/ Corporate Officer: _____

I herewith accept the responsibilities for the administration and the day-to-day operation of:

Type/Print Fleet Name: _____ Permit No. # _____

Signature of Fleet Agent: _____ License #: _____ Exp Date: _____

Signature of Fleet Co-Agent: _____ License #: _____ Exp Date: _____

Fleet Agent E-Mail Address: _____ Co-Agent E-Mail Address: _____