



**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: \_\_\_\_\_