



Douglas A. Ducey
Governor

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY



Misael Cabrera
Director

VEHICLE EMISSIONS INSPECTION PROGRAM RECOGNIZED REPAIR FACILITY APPLICATION

FACILITY NAME:		OWNER NAME:	
ADDRESS:		CITY:	ZIP+4
MAILING ADDRESS:		CITY/ST:	ZIP+4
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

EQUIPMENT: EMISSIONS EXHAUSTANALYZER OPACITY METER OBDII SCAN TOOL

List Technician(s) and their current Certifications

ASE

RIN Percentage at time of application _____%

Certification Type: _____ Full Service Facility (repair all types of vehicles)

_____ OBD Only Service Facility (repair ONLY OBD vehicles)

I understand that to qualify and maintain participation; I will comply with the equipment and personnel requirements in the guidance letter and continue to meet or exceed the 75% RIN percentage.

Applicants Signature _____ Date: _____

Return the completed application to either office depending on what city your facility is located at, or email to: recognizedrepairprogram@azdeq.gov.

Tucson Office

Vehicle Emissions Inspection Program
4040 E 29th Street
Tucson, AZ 85711-619
Phone: 520 628-5651
Fax: 520 628-6139

Phoenix Office

Vehicle Emissions Inspection Program
1110 W Washington Street
ok Phoenix, AZ 85007-2953
Phone: 602 771-3950
Fax: 602 207-7020