

January 12, 2016

Albuquerque/Bernalillo County Vehicle Pollution Management Division

1500 Broadway Blvd. NE
Albuquerque, New Mexico 87102



Application for Certified Air Care Inspector

Name _____
(Please Print) First Middle Last

Residence Address _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____ E-Mail: _____

Business Name and Location _____

Initial Class Date _____ Day of Practical Test: **Wednesday** **Thursday**

(All classes begin at exactly 8:30AM; anyone late will not be admitted into the class)

Have you been certified in any I/M program? Yes _____ No _____

If yes, then provide the following information:

State _____ Agency Name _____ Certification # _____

Have you ever had a permit, license, or certificate suspended or revoked in a vehicle inspection program?

If yes, please explain: _____

_____ I acknowledge if I am unable to attend the class, I must call 764-1110 to reschedule by 12:00pm on the Friday before class begins or I may not be rescheduled for 90 days.

_____ I acknowledge that, if certified, I will be conducting official emissions tests on behalf of the Vehicle Pollution Management Program and that certification does not confer any property rights to me or my employer.

_____ I acknowledge that as an Air Care inspector, I must conduct myself in an ethical and professional manner and that my certification may be suspended or revoked for fraud, incompetence or any other unprofessional behavior.

_____ I acknowledge when attending the Initial or Recertification class(s) I will wear work attire (closed toe boots or tennis shoes, jeans or slacks, and a sleeved shirt). I will not wear clothing that displays any gang or drug references, or profanity, nor loose or baggy clothing. Anyone wearing such clothing will not be allowed in class.

_____ I will review the General Knowledge Presentation prior to attending class. You can View the presentation at www.cabq.gov/aircare.

_____ I was issued an Inspector Training Manual.

_____ I authorize my name and contact information to be included on the VPMD list for Air Care Stations seeking certified Inspectors. I understand that this does not guarantee employment with a prospective employer.

I certify that the information included herein is true and accurate.

Signature: _____ Date: _____

For Division Use Only:
Certification #: _____
Certification Date: _____

Copy of ID