



ALBUQUERQUE / BERNALILLO COUNTY  
VEHICLE POLLUTION MANAGEMENT PROGRAM

1500 Broadway Blvd. NE, Albuquerque, NM 87102

Phone: (505) 764-1110 www.cabq.gov/aircare Fax: (505) 764-1101



**Addendum (Change of Status) for Air Care Inspectors**

Full Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home/Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Inactivating \_\_\_\_\_  
Station Name \_\_\_\_\_ Station Number \_\_\_\_\_  
Manager/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Activating \_\_\_\_\_  
Station Name \_\_\_\_\_ Station Number \_\_\_\_\_  
Manager/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

You will need multiple addendums if you are Activating or Inactivating for more than one station.

Inspector Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Application Date: _____	Date of last Recertification: _____	Expiration Date: _____
Inspector Certification #: _____	Envision Update By: _____	Date: _____
VID Update By: _____	Date: _____	Billing Invoice #: _____
Approved: _____	Completed by Auditor: _____	Date: _____
File Update By: _____	Date: _____	