June 30, 2014

Albuquerque/Bernalillo County
Vehicle Pollution Management Division

1500 Broadway Blvd. NE
Albuquerque, New Mexico 87102

Recertification Application for Certified Air Care Inspector

Name_____
(Please Print) First Middle Last

Residence Address _____ City: _____ State:_____ Zip:_____

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

Date & Time_____

(Sign in time starts at 8:00AM. If you are late to class, you will be rescheduled for another date.)

Please list all Air Care Station name and addresses you are actively working at:

1._____Station #:_____

2._____Station #:_____

3._____Station #:_____

4._____Station #:_____

5._____Station #: _____

_____ **I acknowledge when attending the Recertification or Initial classes(s), I will wear work attire (closed toe shoes, jeans or slacks, and a sleeved shirt). I will not wear clothing that displays any gang or drug preferences, profanity, or loose/baggy clothing. Anyone wearing such clothing will not be allowed in-to class.**

Inspector Signature: _____ Date: _____

_____
VPMD Staff Date

Copy of Picture ID