



**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 Email: vpm@cabq.gov



Addendum (Activating) for Air Care Inspectors

Full Name: _____

Home Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home/Cell Phone: (_____) _____ **Work Phone:** (_____) _____

Email: _____

<input type="checkbox"/>	ACTIVATING: _____	
	Station Name	Station Number
Must be Approved by Station Manager:		
_____	_____	
Print Name (Manager)	Manager's Signature (Required)	
_____	_____	
Date	Inspector Signature (Optional)	
*With managers approval the stations agrees to pay a \$35 inspector fee. To be invoiced once completed and mailed.		

Inspectors may be in more than one station at a time. If the inspector needs to be *inactivated* from a station please contact us directly over the phone, in person, or by email.

Envision Updated: <input type="checkbox"/>	FOR OFFICE USE ONLY
VID Updated: <input type="checkbox"/>	
Billing Invoice #: _____	
Processed By: _____	Date: _____