

January 12, 2016



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: _____

Class 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 was issued an Inspector Training Manual.

_____ 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

