



STAR AND CONSUMER ASSISTANCE PROGRAM REQUEST FOR INACTIVE STATUS OR PROGRAM WITHDRAWAL

INSTRUCTIONS

1. To request an inactive status, complete Sections A, B, and D. To request program withdrawal, complete Sections A, C, and D.
2. Print, sign, and date the form.
3. Return the form to the address listed above or fax to (916) 464-1212.

Please type or print legibly in ink.

| SECTION A. LICENSEE INFORMATION | |
|---|-------------------|
| STATION NAME | ARD NUMBER |
| PHONE NUMBER | |
| SECTION B. INACTIVE STATUS REQUEST | |
| <p>I hereby request this station be placed on inactive status from the STAR and Consumer Assistance Program (CAP). Requests to continue inactive status beyond 90 days will be considered on a case by case basis. Approximate date of return to active status: _____</p> | |
| REASON | |
| SECTION C. WITHDRAWAL REQUEST | |
| <p>I hereby request to withdraw from STAR and CAP. I understand that my STAR certification and the CAP Standard Agreement will be canceled. Withdrawal date: _____</p> | |
| REASON | |
| SECTION D. ACKNOWLEDGMENT AND SIGNATURE | |
| <p>I understand that by requesting inactive status or withdrawing from STAR and CAP, I am no longer permitted to:</p> <ul style="list-style-type: none"> Conduct CAP repairs. Certify gross polluters. Certify failed test-only directed vehicles. Conduct initial test on test-only vehicles. Display STAR station signage. | |
| PRINT OWNER'S NAME | |
| OWNER'S SIGNATURE | DATE |