



Vehicle Repair Assistance Application
 Air Quality Bureau, Environmental Health Division
 788 East Woodoak Lane; Murray, UT 84107
 Phone: 385-468-3837; Fax: 385-468-3844

Section 1: Applicant Information

 Last Name First Middle Phone (Home) Phone (Mobile)

 Street Address City State Zip Code

 Principal Vehicle Owner Name (if different) Email

Section 2: Vehicle Information

Is this vehicle going to be registered in Salt Lake County? Yes No

Vehicle Model Year: _____
Vehicles model year 1996 and newer qualify for the VRAP

How long have you owned this vehicle? _____
*Vehicle must have been registered in Utah and in your name for at least **one year** to qualify for the VRAP*

Section 3: Vehicle Owner Income Verification

Adjusted Gross Income _____ Total Number of Dependents _____
 (W-2, tax return, pay stub, etc.) (From Tax Return)

- Proof of income for the **vehicle owner(s)** must be submitted with this application for qualification
- Vehicles may be required to have an emissions inspection prior to, and after, completed repairs
- All vehicles applying for VRAP must have a current passing Utah State Safety Inspection
- Vehicles in an unsafe condition will not qualify for emissions repair assistance under any circumstances
- Only one vehicle per household will qualify for the Vehicle Repair Assistance Program
- Vehicles may only be repaired one time in the Vehicle Repair Assistance Program
- Vehicles repairs must begin within 90 days of the application approval date or applicant(s) must reapply

**Approved applications are valid for 90 days from the date approved.
 After 90 days, applicant(s) must reapply for participation in the VRAP.**

I certify that the information provided in this application is, to the best of my knowledge, true and correct. It is understood that any information reported on or in this application that is misrepresented, in error, or false will result in termination from, or denial of the application for the Vehicle Repair Assistance Program in Salt Lake County.

Signature _____ Date _____

HEALTH DEPARTMENT USE ONLY

Approved by: _____
 Air Quality Personnel Approval Date