



Maricopa County Air Quality Department
 Phone: 602.506.6010
 Fax: 602.372.0587
 Maricopa.gov/1244/Air-Quality
 CleanAirMakeMore.com



REPLACEMENT VAPOR RECOVERY DECAL REQUEST

For Office Use Only

Expiration Date	Label Number	Date	By
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Decal Replacement Fee: \$80

Make remittance payable to: Maricopa County Air Quality Department

Owner Information

Registered Owner's Name: _____

Address: _____ City: _____

State: Zip: _____ Phone: _____ Fax: _____

Email: _____

Tank Description

Vehicle Identification Number (VIN)	Owner's Unit Number	The Decal Below is Void

Tank Testing and Test Certification (Verification)

(Verify date/time of test and company conducting test)

Date / Time of Test	Name and Address of Company Conducting Test

Affadavit

Reason for Replacement Decal Lost Decal Defaced or Destroyed

I certify based on information and belief formed after reasonable inquiry that the statements and information in this document are true, accurate and complete. I also certify that the tank described above has been tested in accordance with the procedures set forth in the Maricopa County Air Pollution Rules and Regulations.

Name and Title of Responsible Official: _____

Signature of Responsible Official: _____

Affix Decal to Right Front Side of the Cargo Tank