



Section 1: Vehicle Owner Information			
Last Name	First Name	Date	
Street Address	City	State	Zip Code
Email		Phone	

Section 2: Vehicle Information		
Make: _____	Model: _____	
Vehicle Model Year: _____	VIN: _____	
Is this vehicle registered in Salt Lake County?	Yes	No
Has the vehicle had any repairs from a qualified mechanic?	Yes	No
Is this a commercial vehicle?	Yes	No
Has this vehicle participated in the VRRAP program?	Yes	No

Waiver Type: Repair Parts

NOTE:

- **The Salt Lake County Health Department is under no obligation to issue waivers**
- Vehicle must have failed an emissions test prior to application.
- Vehicles that are “Not Ready” or have only one Trouble Code do not qualify for a waiver.
- Tampered or smoking vehicles are not eligible for waivers.
- Hardship waivers require proof of income.
- Repair and Parts waivers require documentation.

VRRAP

Depending on your income and the age of your vehicle, you may qualify for financial assistance from Salt Lake County Health Department to **repair** or **replace** your vehicle. For more information, visit SaltLakeHealth.org/air.

*Must be using [Adobe Reader](#)
to sign and submit via button.*