I/M STATION APPLICATION
WEBER-MORGAN HEALTH DEPARTMENT

BUSINESS NAME | **DOING BUISNESS AS/STATION NAME** | **DATE**

STATION ADDRESS | **CITY** | **ZIP CODE**

SERVICE MANAGER | **SERVICE DEPT. PHONE** | **FAX NUMBER** | **ANALYZER PHONE**

CHECK ONE: CORPORATION ___ INDIVIDUAL ___ PARTNERSHIP ___ LLC ___

NAME OF STATION OWNER(S)

STATION OWNER(S) MAILING ADDRESS | **PHONE NUMBER** | **NAME OF PROPERTY OWNER**

STATION OWNER(S) MAILING ADDRESS | **PHONE NUMBER**

NAME ON BUSINESS LICENSE | **LICENSE NUMBER** | **DATE OF ISSUANCE** | **Attach Copy of Business License**

Maintenance of I/M Program Station Permit is predicated on compliance with the Weber-Morgan Health Department Regulation for Inspection and Maintenance Program. Permit is revocable for noncompliance or if it is determined by the Weber-Morgan Health Department that false information was submitted on this application or if an individual that has had a I/M Permit revoked by the I/M Department is found to have any involvement in the new I/M Station.

OWNER'S SIGNATURE | PRINT NAME | DATE

FOR OFFICE USE ONLY

TYPE OF FACILITY: TEST ONLY ____ TEST AND REPAIR. ____ DATE FEE PAID _____ STATION NUMBER _____

ANALYZER NUMER _____

NEW STATION	**$250.00**
100 Certificate of Compliance Numbers	**$300.00**
Station Sign, I/M Regulation, and Current Bulletins	**$ 25.00**
	$575.00

DATE APPROVED _____ AUDITOR'S SIGNATURE _____