



Office Use Only

Fleet # _____

Illinois Environmental Protection Agency Vehicles Emissions Test Program

Fleet Self Testing Permit Application

Name of Business/Organization

Type of Business/Organization

Phone Number

Mailing Address

Testing Address (if different from above)

Contact Person

Contact Person's Phone Number

Contact Person's Fax Number

Contact Person's E-mail Address

Number of Vehicles in Fleet subject to emissions testing _____

Number of Fleet Inspectors _____

Fleet Inspectors' Information

Name	Title	Phone Number	E-mail Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following items **must** accompany your application:

Request for Fleet Self Testing Permit on official company letterhead

List of Vehicle Identification Numbers, License Plate Numbers, Year, Make, and Model for all vehicles in fleet subject to emissions inspection

Above mentioned list must be submitted in Microsoft Excel Format

Print Name

Signature

Date

If you have any questions please contact the Illinois EPA at 217-785-7449
Fax: 217-782-5127
E-Mail: epa.vimfleets@illinois.gov
Mail: Illinois EPA
Vehicle Emissions Test Program
Attn: Fleets
P O Box 19275
Springfield, IL 62794-9275