



I/M Inspector Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Email Address: DCEnvHealth@daviscountyutah.gov

Phone: 801-525-5128, Fax: 801-525-5119

Station Information

Station Name:	Station Permit Number
Physical Address:	City/State/Zip:
Email Address:	Phone Number:
Supervisor's Name:	Station Phone Number:

Conditions of Permit

*Maintenance of this Davis County I/M Inspector Permit is predicated on compliance with the Davis County Motor Vehicle Inspection/Maintenance Ordinance. This permit is revocable for non-compliance. I acknowledge that I am responsible for my actions and am fully aware of my responsibilities as a Davis County I/M Inspector. **I hereby certify that all the information provided in the application is correct and I understand and agree to the conditions of this permit.***

Applicant Signature: _____ Name (Print): _____ Date: _____

Permit Type	Number of Permits	Permit Fee
Inspector Renewal		\$50 per inspector (2 year permit)

Permit Approval (Office Use Only)

Permit Fee Date Paid: _____ Amount Paid: \$ _____ Receipt # _____

I/M Inspector

Name:	Phone:
User ID:	Email:

I/M Inspector

Name:	Phone:
User ID:	Email:

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