



I/M Station 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 ID:
Physical Address:	City/State/Zip:
Station Manager:	Service Dept. Phone:
Email Address:	
Type of Application: <input type="checkbox"/> New Station <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Ownership	

Station Owner Information

Owner Name(s):	
Owner Address:	City/State/Zip:
Owner Phone Number:	Owner Email Address:

Invoice Information

Name:	
Billing Address:	City/State/Zip:

Mailing Information

Name:	
Billing Address:	City/State/Zip:

Analyzer Information

Analyzer Number	Type	
	<input type="checkbox"/> OBD only	<input type="checkbox"/> TSI/OBD
	<input type="checkbox"/> OBD only	<input type="checkbox"/> TSI/OBD
	<input type="checkbox"/> OBD only	<input type="checkbox"/> TSI/OBD
	<input type="checkbox"/> OBD only	<input type="checkbox"/> TSI/OBD
	<input type="checkbox"/> OBD only	<input type="checkbox"/> TSI/OBD

Conditions of Permit

*A Department representative must be provided access to the regulated premises upon providing identification. A permit is not transferable and the Davis County Health Department must be notified prior to making any changes or modifications to the approved facility, operations, or permit information. Failure to comply with the applicable rules and regulations may result in the suspension or revocation of the permit. **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 Approval (Office Use Only)

<input type="checkbox"/> Permit Fee	Date Paid: _____	Amount Paid: \$ _____	Receipt # _____
<input type="checkbox"/> Plan Review Fee	Date Paid: _____	Amount Paid: \$ _____	Receipt # _____