

Bureau of Automotive Repair Purchase Order Form

Automotive Repair Dealer (ARD) Name	Purchaser's Name				
Street Address (P.O. Box not accepted)		<u> </u>			
City ARD License Number		State	Zip Code	Zip Code	
		Phone Number (with Area Code)			
Smog Check Certificates (5	0 certification numbers) Certificates mu	ıst be ordered by BAR Uni	t number.	
BAR-97 Unit Number	BAR TAS or EIS#	Quantity	Price Each	Total	
BAR-97 Unit #1			412.50		
BAR-97 Unit #2			412.50		
BAR-97 Unit #3			412.50		
BAR-97 Unit #4			412.50		
Lamp/Brake Certificates an	d Handbooks	•		•	
Lamp Adjustment Certificates (Bool		175.00			
Brake Adjustment Certificates (Boo		175.00			
Lamp Handbook		4.00			
Brake Handbook		4.00			
Publications		•		•	
Write It Right Booklet			1.00		
Check or Money Order for Total	\$				
Make check or money order paya	ble to the Department	of Consumer Aff	airs. Prices include tax ar	nd shipping	

charges. Purchase orders will not be accepted. Please allow 15 working days for delivery.

Authorized signature_

Send this completed form with payment to:

Department of Consumer Affairs - BAR P.O. Box 989001 West Sacramento, CA 95798-9001

Attn: Cashiering Services