



VEHICLE INSPECTION PROGRAM eFACILITY USER ACCESS FORM

FACILITY INFORMATION

Facility Number

Facility Name

Facility Contact Name

Facility Contact Email

Phone Number

eFACILITY USER INFORMATION

Name	Email Address	Technician Number	Birthdate	Action
				Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove

Add: Provide user eFacility access for facility listed

Remove: Remove user's eFacility access for facility listed

FACILITY CONTACT ACKNOWLEDGMENT

I confirm that I am the facility contact for the above noted inspection facility and am authorized to request and cancel eFacility user access on behalf of the facility. I understand that as the facility contact, I am responsible for monitoring inspections completed at our facility and within the eFacility system.

Name

Date

Signature