

CERTIFICATE REFUND REQUEST

Station owner/RME complete Sections A, B, and C.

SECTION A. STATION INFORMATION

Automotive Repair Dealer (ARD) Name		ARD Registration Number	
Owner/Responsible Managing Employee (RME)		Phone Number (XXX-XXX-XXXX)	
Station Address (Do not include PO BOX)	City	State	Zip Code
Alternate Mailing Address (Provide if station has closed)	City	State	Zip Code

SECTION B. CERTIFICATE REFUND

We request a refund of the following:

Smog Check certificates

Vehicle safety systems inspection certificates

SECTION C. CERTIFICATION

I HEREBY CERTIFY UNDER PENALTY OF PERJURY under the laws of the state of California that all statements made on this form are true and correct.

Owner/RME Signature	Date
---------------------	------

**SUBMIT COMPLETED FORM BY EMAIL TO
BARENFORCEMENT@DCA.CA.GOV**

If approved, the refund will be issued to the station owner and mailed to the address of record. Allow 90 days for the refund to be issued.

FOR BAR USE ONLY

Bureau Reviewer Name		Date	
Full Book	Partial Book	Book #1 Start Number	Book #1 End Number
Full Book	Partial Book	Book #2 Start Number	Book #2 End Number
Full Book	Partial Book	Book #3 Start Number	Book #3 End Number
Full Book	Partial Book	Book #4 Start Number	Book #4 End Number
Total Number of Certificates to Refund			

FOR CASHIERING USE ONLY

Reviewer	Date
Comments	