



SMOG CERTIFICATE REFUND REQUEST

Submit completed form by email to BARenforcement@dca.ca.gov or by mail to the address listed above. If approved, the refund will be issued to the station owner and mailed to the address of record. Allow at least 90 days for the refund to be issued.

| SECTION A. STATION INFORMATION | | | | |
|--|-------------------|--------------------------|-------|----------|
| STATION NAME | | STATION OWNER NAME | | |
| STATION LICENSE NUMBER | | STATION TELEPHONE NUMBER | | |
| STATION ADDRESS | Number and Street | City | State | Zip Code |
| ALTERNATE MAILING ADDRESS (Provide if the station has closed) | Number and Street | City | State | Zip Code |
| STATION OWNER SIGNATURE | | | DATE | |
| SECTION B. TO BE COMPLETED BY BUREAU PERSONNEL | | | | |
| BUREAU REVIEWER NAME | | | DATE | |
| FULL BOOK | | PARTIAL BOOK | | |
| BOOK #1 START NUMBER | | BOOK #1 START NUMBER | | |
| BOOK #1 END NUMBER | | BOOK #1 END NUMBER | | |
| BOOK #2 START NUMBER | | BOOK #2 START NUMBER | | |
| BOOK #2 END NUMBER | | BOOK #2 END NUMBER | | |
| BOOK #3 START NUMBER | | BOOK #3 START NUMBER | | |
| BOOK #3 END NUMBER | | BOOK #3 END NUMBER | | |
| TOTAL NUMBER OF CERTIFICATES TO BE REFUNDED | | | | |
| THIS SECTION FOR CASHIERING USE ONLY | | | | |
| REVIEWER | | | DATE | |
| COMMENTS | | | | |