STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
Bureau of Automotive Repair Licensing Unit
P. O Box 989001, West Sacramento, CA 95798-9001
P 855.735.0462 F 855.641.9982 | www.smogcheck.ca.gov

CANCELLATION REQUEST FORM

Department Use Only	
Cancellation By (Name)	Date

INSTRUCTIONS:
1. Read attached instructions and all information contained in this form.
2. Submit completed form to the BAR, Licensing Unit at the above address or fax to (855) 641-9982.

1. Owner/Technician Name/Name of Business: (As Registered with BAR)

2. License or Registration Number:

3. License(s) or Registration(s) you want cancelled: (Please check applicable box)

☐ ARD ☐ Brake Station ☐ Lamp Station ☐ Smog Station

☐ Brake Adjuster ☐ Lamp Adjuster ☐ Smog Technician

4. Reason for Cancellation: (Please check applicable box)

☐ Out of Business ☐ No Repairs

☐ Change of Ownership ☐ No Longer Desires Program

☐ No Longer Employed ☐ Other _____

5. Date the Change of Ownership took/will take place between you and the previous owner: Month Day Year

/ /

6. Certification

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

Signature _____ Date _____

Owner, Partner, Corporate Officer, Member, Technician, Adjuster