



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				