



CANCELLATION REQUEST FORM

INSTRUCTIONS

1. Please complete, print, and sign form.
2. Submit completed form to the BAR Licensing Unit at the address listed above or fax it to (855) 641-9982.

OWNER/TECHNICIAN NAME/NAME OF BUSINESS (As registered with BAR)	
LICENSE OR REGISTRATION NUMBER	
LICENSE(S) OR REGISTRATION(S) YOU WANT TO CANCEL (Please check applicable box)	
AUTOMOTIVE REPAIR DEALER	BRAKE STATION
LAMP STATION	SMOG STATION
BRAKE ADJUSTER	LAMP ADJUSTER
SMOG TECHNICIAN	
REASON FOR CANCELLATION (Please check applicable box)	
OUT OF BUSINESS	NO REPAIRS
CHANGE OF OWNERSHIP EFFECTIVE DATE	NO LONGER DESIRES PROGRAM
NO LONGER EMPLOYED	OTHER
CERTIFICATION	
I HEREBY 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 (please sign in ink)	DATE
FOR DEPARTMENT USE ONLY	
CANCELLATION BY (NAME)	DATE