



## LICENSE CANCELLATION REQUEST

### LICENSE INFORMATION

Technician/Inspector Name or Name of Business (As registered with BAR)

License or Registration Number

### LICENSE(S)/REGISTRATION(S) TO CANCEL (CHECK ALL THAT APPLY)

Automotive repair dealer

**NOTE:** Cancellation of an ARD registration will also cancel associated Smog Check and VSSI station licenses.

Smog Check station

Vehicle safety systems inspection station

Smog Check inspector

Vehicle safety systems technician

Smog Check repair technician

### REASON FOR CANCELLATION

Out of business

No repairs

Change of ownership - Effective date

No longer desires program

No longer employed

Other - Description required

### 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.

Print Name

Title

Signature

Date

**SUBMIT COMPLETED FORM BY EMAIL TO**

**BARLICENSING@DCA.CA.GOV**

Or mail to BAR Licensing Program at P.O. Box 989001, West Sacramento, CA 95798-9001

### FOR DEPARTMENT USE ONLY

Processed By

Date