

STATE OF CALIFORNIA  
 BUSINESS, TRANSPORTATION AND HOUSING AGENCY  
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
 DIVISION OF CODES AND STANDARDS  
 REGISTRATION AND TITLING PROGRAM



**APPLICATION FOR REFUND**

**SECTION I. UNIT DESCRIPTION AND PAYEE INFORMATION**

Enter Decal or License Number:	Enter Serial Number:	Enter Date Fees Paid:	Enter County Name:
Enter Name and Address of Party Requesting Refund (Payee)	Name:		
	Street:	City:	State: Zip:
Enter Registered Owner Name and Address (If Different than Payee)	Name:		
	Street:	City:	State: Zip:

**SECTION II. CLAIM FOR REFUND AND APPLICANT'S CERTIFICATION**

A claim for refund in the amount of \$\_\_\_\_\_ in fees paid in error or fees not required to be paid to the Department of Housing and Community Development is hereby requested.

**PLEASE STATE BRIEFLY IN THIS SPACE WHY A REFUND IS BEING REQUESTED**

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
Date City State

Signature: \_\_\_\_\_

**DEPARTMENT USE ONLY**

Prior Years		Current		Total				
PPF	PPF	PPF	=	PPF				
RF	RF	RF	=	RF				
ILT	ILT	ILT	=	ILT				
PEN1	PEN1	PEN1	=	PEN1				
PEN2	PEN2	PEN2	=	PEN2				
TRF	TRF	TRF	=	TRF				
DUPT	DUPT	DUPT	=	DUPT				
DUPR	DUPR	DUPR	=	DUPR				
SUBD	SUBD	SUBD	=	SUBD				
CONF	CONF	CONF	=	CONF				
REPO	REPO	REPO	=	REPO				
RREG	RREG	RREG	=	RREG				
RSF	RSF	RSF	=	RSF				
SIT	SIT	SIT	=	SIT				
UTP	RT	UTP	RT	UTP	RT	=	UTP	RT
ASF	ASF	ASF	=	ASF				
MHP	MHP	MHP	=	MHP				
CCP	CCP	CCP	=	CCP				
TOTAL	TOTAL	TOTAL	=	TOTAL				

Headquarters Approval Clerk

Refund Approved By:

(Signature of Manager/Supervisor)

**ACCOUNTING USE ONLY**

Check Number:

Check Date:

By: