

MVECP FEE REFUND REQUEST FORM

Date 12/14/09

[Help and EPA Instructions](#)

Manufacturer Name:
Engine Family Name:
Original Payment Date: Original Check#/Wire/ACH/Pay.gov Tracking Number: (optional)
Original Amount Paid: \$ Amount of Refund Requested: \$

Authorized Company Representative:

Name: Phone:
Email Address: Fax: (optional)

Reason for Refund:

- This engine family or test group failed to receive an EPA certificate (no certificate issued).
- Manufacturer withdraws request for certification and no certificate will be issued.
- Overpayment
- Other (explain in comments box):

Comments:

Refund Method:

- Electronic Refund (EPA will contact you for account details)
- Make check payable to:

Name:
Address Line 2:
Address Line 3:
City: State/Province:
Zip/Postal Code: Country: