



U.S. Environmental Protection Agency  
Motor Vehicle and Engine Compliance Program  
Refund Request Form

Date:

Manufacturer Name:

Family Name:

Original Payment Date:

Original Check#/Wire/ACH/Pay.gov Tracking Number:

Original Amount Paid:  Amount of Refund Requested:

Company Representative:

Name:  Phone:

Email Address:  Fax:  (optional)

Reason for Refund:

- This 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:

- Credit Card Refund (Note: Refunds of all credit card payments will be to the issuing card unless another option is chosen and a valid reason given in the Comments box.)
- 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:

**Submission:**

- (1) Forms may be filled out and submitted online at [www.Pay.gov](http://www.Pay.gov).
- (2) Forms may be submitted as email attachments to [Fees@epa.gov](mailto:Fees@epa.gov)
- (3) Forms may be submitted by surface mail to:

Environmental Protection Agency- NVFEL  
Fees Team  
Compliance Division  
2000 Traverwood  
Ann Arbor, Michigan 48105

EPA Use Only	
DT/D#:	Deposit Date:
Check/Wire/CC/ACH#:	
Pay.gov Tracking #:	
EPA Signature:	Date:

**Instructions**

This form is used to request a refund of some or all of a previous payment of a test group or family certification fee. Refunds can take several weeks to process. For an update on our refund's status, email [Fees@epa.gov](mailto:Fees@epa.gov). As an alternative, manufacturers with upcoming family certification applications can use the Correction Form to apply refunds claims and overpayments to such new families or test groups. **Requests for partial refunds must be submitted no later than six months after the model year has ended** (see 40 CFR §1027.125 (d)). All forms can be filled out and filed at [www.Pay.gov](http://www.Pay.gov) or downloaded from [www.epa.gov/otaq/fees.htm](http://www.epa.gov/otaq/fees.htm).

**Manufacturer's Name:**

List the corporate name as it appears on the application or the Certificate of Conformity.

**Family Name:**

Enter the family or test group name for which the refund is being requested

**Original Payment Date:**

Enter the date of the online payment (if Pay.gov was used) or the offline payment by check, wire, or ACH. Use the best information available.

**Original Check #/ Wire/ACH/Pay.gov Tracking Number:**

If the original payment was made offline, enter the check number, or write in "Wire" or "ACH" . If the original payment was made online, enter the Pay.gov Tracking ID number assigned to the payment. This information will help EPA confirm the overpayment.

**Original Amount Paid:**

Indicate the amount you paid for this family or test group.

**Amount of Refund Requested:**

Enter the amount in dollars of the refund requested.

**Company Representative:**

Enter the authorized company representative information, including the name, email address, telephone number and fax number. The person named should be someone familiar with the refund request who will be contacted for clarification of any issues, for necessary account information if an electronic refund is being requested, or if the request is denied.

**Reason for Refund:**

Select one of the options given. If Other is selected, provide an explanation in the comment box.

**Comments:**

Enter any comments in the box necessary or helpful to explain the refund request.

**Refund Method:**

Indicate how you want the refund processed, as credit card, electronic refund, or by check. All refunds on payments made by credit card will be made to that credit card, unless another method is requested and a valid reason given in the Comments box. An electronic refund requires EPA to contact the person named as Company Representative for the manufacturer's account number and other information. The check refund process requires the name and address of the manufacturer or its agent to whom the check will be payable. **The refund recipient should be the same as the original payer; if not, explain why in the Comments box.** Please fill out all the fields: name (the company or person to whom the check is payable), address, city, state or province, country, and zip or postal code. Add an "attention" line if you want the check mailed to a particular person or office in your organization. Please make a copy of the completed form for your files.

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Fees Team  
Compliance and Innovative Strategies Division  
2000 Traverwood  
Ann Arbor, Michigan 48105

The public reporting and recordkeeping burden for this collection of information is estimated to average 36 minutes per response. Send comments on EPA's need for this information, the accuracy of the provided burden estimate, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques, to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., N.W., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed Form 3520-29 to this address.