## West Virginia Department of Transportation Division of Motor Vehicles Application for Refund



PO Box 17700 • Charleston, WV 25317 1-800-642-9066 • www.dmv.wv.gov

## ALL REFUND REQUESTS MUST BE ACCOMPANIED BY COPIES OF CANCELLED CHECK(S) (FRONT AND BACK) AND/OR APPLICABLE TRANSACTION RECIEPT(S).

**DMV Policy:** Refunds will **ONLY** be given for **unused** decals and **unused** plates with the return of the decal, plate, and registration card. **On duplicate payments, the Division will refund with both cash receipts and copies of both canceled checks.** On driver's license applications, the Division will refund only on a departmental error. On CDL's, the Division only refunds on departmental error.

All applications for refund must be tendered to the Division of Motor Vehicles within SIX (6) months after the date of transaction.

A) Required Re	efund Informa	tion				
REFUND TO (NAME)						
ADDRESS			CITY	ST	ATE	ZIP CODE
DRIVER'S LICENSE NUMBE	R	DATE		DATE OF BIRTH		
PLATE NUMBER (INCLUDE SPACES)		VIN NUMBER				
МАКЕ	MODEL	YEAR	WEIGHT	TITLE NUM	1BER	
Reason for Ref	und					
Refund Total <u>\$</u>			TURE - YOU MUST SIGN HER	E TO CERTIFY YOUR REQU	JEST	Date
B) Credit Card	Payment Deta	nil (If applicable)				SIX MONTHS OF TRANSACTION DATE
Credit Card Refun	<b>nd Policy:</b> You may	only have the refund t				lit card was originally used.
Card Type	have a refund proc	essed to a credit card,	MasterCard		in the	initial transaction.
Card Number				Expira	ation	Date
Card Holder Signature (X)				Date		
Division of Mo	otor Vehicles U	se Only • If error wa	is made by DMV, a	Supervisor must	sign	below.
Supervisor's Signature			FIMS Number			
Accounting Sign-Off			Date			
Date Completed	Warrant Number					