



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
 DIVISION OF MOTOR CARRIERS

TC 95-616
 6/2018
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CASH BOND REFUND APPLICATION

MAIL TO:
 Kentucky Transportation Cabinet
 Division of Motor Carriers
 PO Box 2004
 Frankfort, KY 40602-2004

Phone: (502)564-1257
 Fax: (502) 696-3900
 Email: bonds.dmc@ky.gov
Drive.Ky.Gov

SECTION 1: INSTRUCTIONS

- (a) If you have a surety bond, DO NOT complete this form. Contact your Surety Company or Insurance Company for cancellation instructions.
- (b) This application **must be completed** in order for consideration to be given to the refund request. Substitutions will not be accepted, nor will they preserve your rights to a refund. **Please provide proof of payment for your bond.**
- (c) Please allow at least 120 days before contacting this office regarding status.
- (d) Mail completed application and documentation to bonds.dmc@ky.gov

SECTION 2: COMPANY INFORMATION

COMPANY NAME

ADDRESS (to Mail Refund to)

CITY	STATE	ZIP
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PERSON COMPLETING FORM <i>(Print)</i>	PHONE
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SECTION 3: REFUND INFORMATION

LICENSE(S) OR DOT NUMBER UNDER WHICH BOND(S) IS POSTED	DATE OF ORIGINAL BOND
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AMOUNT OF BOND REFUND REQUESTED	OUTSTANDING FEES DUE?
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IS COMPANY CURRENTLY IN BUSINESS? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF NO, PLEASE PROVIDE NAME TO ISSUE REFUND TO, AND PROVIDE DOCUMENTATION SHOWING OWNERSHIP.
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SECTION 4: SIGNATURE

All refund requests are subject to audit at any time and may be subject to an offset of tax liability pursuant to KRS 138.727. Failure to comply with the instructions, regulations, and statutes regarding this application, or failure to properly complete this application may result in the disallowance of the refund, a delay in payment, or reduction in the amount requested. If an audit reveals that an overpayment has been made as the result of an incorrect application, the applicant will be required to repay the amount overpaid, plus interest, plus penalty.

I, the undersigned, declare under the penalties of perjury that I have examined this application (including any attached schedules) and to the best of my knowledge and belief, the statements contained herein are true, complete and correct, and that I am duly authorized to sign this application. It is understood that the books and records supporting this refund application must be maintained for a period of four years from the date the refund is issued and are subject to audit at the discretion of the Kentucky Transportation Cabinet. The undersigned certifies that no tax liability of any kind is due or owing the Commonwealth of Kentucky by this applicant.

NAME <i>(Print)</i>	TITLE
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OWNER OR AUTHORIZED SIGNATURE	DATE
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Keep a copy for your records.
 Overnight delivery services: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622