|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | KENTUCKY TRANSPORTATION CABINET  Department of Vehicle Regulation  **DIVISION OF MOTOR CARRIERS** | | | | | | | TC 95-624  Rev. 05/2018  Page 1 of 1 | |
|  | | **IRP OR EWD REQUEST FOR REFUND** | | | | | | |  | |
| **MAIL TO:**  PO Box 2323, Frankfort KY 40602‐2323 Phone (502) 564‐1257  <http://transportation.ky.gov/Motor>‐Carriers | | | | | | | | | | |
| Use this form to obtain a refund (if applicable) for IRP plate(s)/EWD decal(s) that are no longer in use and have not expired. Please note that IRP plates are transferrable. Include original IRP cab card/EWD decal(s) AND original plate (IRP only). | | | | | | | | | | |
| **SECTION 1: COMPANY INFORMATION** | | | | | | | | | | |
| **COMPANY NAME** | | | | | | | | | | |
| **ADDRESS** | | | | | | | | | | |
| **CITY** | | | | | | **STATE** | | | | **ZIP** |
| **PERSON COMPLETING FORM** *(Print)* | | | | | | | | **PHONE** | | |
| **IRP/EWD ACCOUNT#** | | | | **USDOT#** | | | | **FAX** | | |
| **SECTION 2: PLATE/DECAL INFORMATION** *(\* ”Item Rec’d” column for office use only)* | | | | | | | | | | |
| **REASON FOR REFUND** *(REQUIRED)* | | | | | | | | | | |
| Plate # / Decal # | | | \*Item Rec’d | | Vehicle Identification Number (VIN) | | | | | |
| 1. |  | |  | |  | | | | | |
| 2. |  | |  | |  | | | | | |
| 3. |  | |  | |  | | | | | |
| 4. |  | |  | |  | | | | | |
| 5. |  | |  | |  | | | | | |
| 6. |  | |  | |  | | | | | |
| 7. |  | |  | |  | | | | | |
| 8. |  | |  | |  | | | | | |
| 9. |  | |  | |  | | | | | |
| 10. |  | |  | |  | | | | | |
| 11. |  | |  | |  | | | | | |
| 12. |  | |  | |  | | | | | |
| 13. |  | |  | |  | | | | | |
| 14. |  | |  | |  | | | | | |
| 15. |  | |  | |  | | | | | |
| **SECTION 3: SIGNATURE** | | | | | | | | | | |
| **NOTE FOR IRP PLATES: I understand that this refund is for the unused portion of Kentucky fees only. Fees for other jurisdictions are only refundable on unused plates.** | | | | | | | | | | |
| **OWNER OR AUTHORIZED SIGNATURE** | | | | | | | **DATE** | | | |
| If more than 15 plates/decals, make a copy of this form.  Overnight delivery services: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622 | | | | | | | | | | |