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| **NOTE: The ORIGINAL registration certificate and license plate must accompany the claim for tax refund.**  |
| **INSTRUCTIONS:**  Return completed form along with the original registration certificate and licensed plate to the Kentucky Transportation Cabinet, Division of Motor Vehicle Licensing, 200 Mero Street, Frankfort KY 40601-2014. |
| **SECTION 1: CLAIMANT INFORMATION** |
| **NAME** (*first, last*)      | **EMAIL**      | **PHONE**      | **COUNTY**      |
| **MAILING ADDRESS** (*street or P.O. Box*)      | **CITY**      | **STATE**      | **ZIP**      |
| **Tax Paid** | **$** |       | **Date of Transfer** |       | **/** |       | **/** |       |  |  |  |  |  |  |  |  |  |  |
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| **CLAIMANT SIGNATURE** |  |  |  |  |  |  |  |  |  |  |
| **SECTION 2: VEHICLE INFORMATION** |
| **MAKE**      | **MODEL**      | **MODEL YEAR**      |
| **BODY STYLE**      | **PLATE NUMBER**      | **VEHICLE IDENTIFICATION NUMBER (VIN)**      |
| **KYTC USE ONLY** |
| [ ]  | Approved |  | Refund amount | $ |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | Denied |  |  | Reason for denial: |       |  |
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|  |  |  |  |  |  |  |  |  |  | Signature Approval (*Supervisor, Special Plate Section*) |  | Date |  |
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