

KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF MOTOR CARRIERS

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IRP OR EWD REQUEST FOR REFUND

MAIL TO:

PO Box 2323, Frankfort KY 40602-2323 Phone (502) 564-1257							
l Ico :	this form to obtain a refur	nd (if applic	http://transportation.ky.go cable) for IRP plate(s)/EWD dec		anger in use and h	ave not expired	
			ble. Include original IRP cab ca	• •	-	•	
SECTION 1: COMPANY INFORMATION							
COMP	ANY NAME						
ADDRE	SS						
CITY				STATE		ZIP	
PERSO	N COMPLETING FORM (Print)			РНО	NE		
IRP/EWD ACCOUNT#		ı	USDOT#		FAX		
<i>,</i>							
SECT	ION 2: PLATE/DECAL IN	NFORMAT	ION (* "Item Rec'd" column	n for office use on	ly)		
REASON FOR REFUND (REQUIRED)							
		*14	_				
	Plate # / Decal #	*Item Rec'd		Vehicle Identification Number (VIN)			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
SECT	ION 3: SIGNATURE						
	FOR IRP PLATES: I under nly refundable on unused		this refund is for the unused p	oortion of Kentuc	ky fees only. Fee	s for other jurisdictions	
OWNER OR AUTHORIZED SIGNATURE DATE							
	Overnight		nore than 15 plates/decals, ma			40622	