



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF MOTOR VEHICLE LICENSING

TC 96-170
Rev. 04/2018
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CLAIM FOR REFUND OF TRUCK LICENSE FEE

Allowable only on vehicles which have been registered
in excess of 18,000 pounds and transferred.

(KRS 186.056)

Mail completed form to:

Kentucky Transportation Cabinet
Division of Motor Vehicle Licensing
200 Mero Street
Frankfort KY 40601-2014

SECTION 1: SELLER INFORMATION

| | | | |
|--------------------------------------|-------|-------|--------|
| NAME (first, last) | EMAIL | PHONE | COUNTY |
| MAILING ADDRESS (street or P.O. Box) | CITY | STATE | ZIP |

License Fee Paid \$ _____ Date of Transfer ____ / ____ / ____
MM DD YYYY

NOTE: The original registration certificate and license plate must accompany the claim for refund.

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: _____

Signature Approval (Supervisor, Special Plate Section)

Date