



Division of Motor Vehicle Licensing

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 to:

200 Mero Street, Frankfort KY 40601-2014

Name of Seller _____

Street

City

County

State

Zip

Make of Vehicle _____ Plate Number _____ Model Name _____

Model Year _____ Body Style _____

Vehicle Identification Number _____

License Fee Paid _____ Date of Transfer _____

Name of Purchaser _____

Street

City

County

State

Zip

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

Claimant Signature

Approved for refund of \$ _____

Supervisor, Special Plate Section