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The ORIGINAL registration certificate and license plate must accompany the claim for refund. Both of the affidavits below must be executed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **INSTRUCTIONS:** Return completed form, original registration certificate and license plate, along with a copy of the police report to theKentucky 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** | | | | | | | | | | | | | | **License Fee Paid** | | | | | | | | | | | | | | | | | | **$** | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  |  | | |  | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  |  | | | | |  | | | |  | | | |  | | | | | |  | | |  | |  | | | |  |  | | | |  |  | | |  | |  | |  | |  | | | | |  | | |  | |  | |  | |  | | | |  |  | | |  | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | | **SECTION 2: VEHICLE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **MAKE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **MODEL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **MODEL YEAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **BODY STYLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PLATE NUMBER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **VEHICLE IDENTIFICATION NUMBER (VIN)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SECTION 3: INCIDENT INFORMATION** (*Incident must be fire or accident.*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Incident | | | | | | | | | | | | | | | | | | |  | | | | | **/** | | | |  | | | | | **/** | |  | | | | | | | | | | | |  | | | | Type of incident:  Fire  Accident | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |  | | | | |  | | | | |  | | | | |  | | MM | | | | |  | | | | DD | | | | |  | | YYYY | | | | | | | | | | | |  | | | | | *Provide details of the fire or accident. Include as many details as possible in the space provided.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **AFFIDAVIT OF CLAIMANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | The claimant, | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | states that he or she is the owner of the vehicle described above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | and that it was totally destroyed in the manner stated, and is entirely useless and unfit for service, and hereby claims a refund of the unused portion of the license fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | CLAIMANT SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Subscribed and sworn to me this | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | day of | | | | | | |  | | | | | | | | | | | | | | | | | | | | | , 20 | | | |  | | | | | | | . | | | | |  | | |  | | |  | | |  | |  | |  | | | My commission expires | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | / | | |  | | | | | | | | | / | |  | | | | | . | |  | | My commission #: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | |  | |  | | | |  | | | | | |  | | | | | MM | | | | | | | | | |  | | | DD | | | | | | | | |  | | YYYY | | | | |  | |  | |  | |  | | |  | | |  | | |  | |  | | | |  | | |  | | |  | | | |  | | | | |  | | |  | | |  | | |  | |  |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | OFFICIAL TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | SIGNATURE OF ATTESTING OFFICIAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **AFFIDAVIT OF TWO OTHER REPUTABLE PERSONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | The affiants | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | and | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | state that | | | | | | |  | | | the vehicle described above was totally destroyed in the manner stated and is entirely useless and unfit for service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | SIGNATURE (*Affiant #1*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | SIGNATURE (*Affiant #2*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Subscribed and sworn to me this | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | day of | | | | | | |  | | | | | | | | | | | | | | | | | | | | | , 20 | | | |  | | | | | | | . | | | | |  | | |  | | |  | | |  | |  | |  | | | My commission expires | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | / | | |  | | | | | | | | | / | |  | | | | | . | |  | | My commission #: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | |  | |  | | | |  | | | | | |  | | | | | MM | | | | | | | | | |  | | | DD | | | | | | | | |  | | YYYY | | | | |  | |  | |  | |  | | |  | | |  | | |  | |  | | | |  | | |  | | |  | | | |  | | | | |  | | |  | | |  | | |  | |  |  | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | OFFICIAL TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | SIGNATURE OF ATTESTING OFFICIAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **KYTC Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Approved | | | | | | | | | |  | | | | | | Refund amount | | | | | | | | | | | | | | | | | | | |  | | $ | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | |  | | | |  | | |  | | | |  | | | | |  | | |  | | |  | | |  | |  | |  | | |  | | | | | Denied | | | | | | | | | |  | | | | | | Reason for denial: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | 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