CLAIM FOR REFUND OF MOTOR VEHICLE LICENSE FEE
KRS 186.120

**NOTE:** A refund is allowable only on vehicles totally destroyed by fire or accident. 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 the Kentucky Transportation Cabinet, Division of Motor Vehicle Licensing, 200 Mero Street, Frankfort, KY 40601-2014.

**SECTION 1: CLAIMANT INFORMATION**

<table>
<thead>
<tr>
<th>NAME (first, last)</th>
<th>EMAIL</th>
<th>PHONE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

License Fee Paid $ ________________

**SECTION 2: VEHICLE INFORMATION**

<table>
<thead>
<tr>
<th>MAKE</th>
<th>MODEL</th>
<th>MODEL YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>BODY STYLE</th>
<th>PLATE NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER (VIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**SECTION 3: INCIDENT INFORMATION** *(Incident must be fire or accident.)*

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Type of incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD YYYY</td>
<td>Fire</td>
</tr>
</tbody>
</table>

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 ______/_____/YYYY.
My commission #: ____________________________

__________________________________________
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 ______/_____/YYYY.
My commission #: ____________________________

__________________________________________
OFFICIAL TITLE

__________________________________________
SIGNATURE OF ATTESTING OFFICIAL

**KYTC Use Only**

- [ ] Approved
  - Refund amount $ ________________
- [ ] Denied
  - Reason for denial: ____________________________
  
  Signature Approval (Supervisor, Special Plate) ____________________________ Date