



Division of Motor Vehicle Licensing

CLAIM FOR REFUND OF MOTOR VEHICLE LICENSE FEE

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.

Mail to:

200 Mero Street, Frankfort KY 40601-2014

Name of Owner _____

Street

City

County

State

Zip

Make of Vehicle _____ Plate Number _____ Model Name _____

Model Year _____ Body Style _____

Vehicle Identification Number _____

License Fee Paid _____ Date of Fire or Accident _____

Details of Fire or Accident:

AFFIDAVIT OF CLAIMANT

The claimant _____ states that he/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 before me this _____ day of _____, 20 _____.

My commission expires _____, 20 _____. Official Title _____

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 #1 _____ Signature #2 _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My commission expires _____, 20 _____. Official Title _____

Approved for refund of \$ _____

Supervisor, Special Plate Section