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>
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</table>

License Fee Paid $ ______________

SECTION 2: VEHICLE INFORMATION

<table>
<thead>
<tr>
<th>MAKE</th>
<th>MODEL</th>
<th>MODEL YEAR</th>
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<tbody>
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<table>
<thead>
<tr>
<th>BODY STYLE</th>
<th>PLATE NUMBER</th>
<th>VEHICLE IDENTIFICATION NUMBER (VIN)</th>
</tr>
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SECTION 3: INCIDENT INFORMATION

(Incident must be fire or accident.)

Date of Incident ___ / ___ / ______
Type of incident: [ ] Fire [ ] Accident

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 ______ / ______ / ______.

________________________________________
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 ______ / ______ / ______.

________________________________________
OFFICIAL TITLE

________________________________________
SIGNATURE OF ATTESTING OFFICIAL

KYTC Use Only

[ ] Approved
[ ] Denied

Refund amount $ ______________
Reason for denial: ____________________________________________________________

________________________________________
Signature Approval (Supervisor, Special Plate)

Date