



KENTUCKY TRANSPORTATION CABINET  
 Department of Vehicle Regulation  
**DIVISION OF MOTOR VEHICLE LICENSING**

TC 96-171  
 Rev. 05/2020  
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**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**

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:  
 MM DD YYYY  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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
 Signature Approval (Supervisor, Special Plate)

\_\_\_\_\_  
 Date