

**Department of Vehicle & Drivers' Licensing**  
**P. O. Box 1165, Grand Cayman KY1-1102**  
**Phone - 345-945-8344, Fax – 345-945-8345**  
**www.dvdl.gov.ky**

APPLICATION FOR FEE REFUND

I, \_\_\_\_\_  
(Name of Registered Owner or Name of Company)

Is requesting a refund from the Department of Vehicle and Drivers' Licensing for fees collected.

P.O. Box #:	Postal Code:
Contact #:	Email Address:

Receipt No. VL: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Attached is a copy of the original receipt.

Transaction Type:

- ☐ Motor Vehicle Licence - ☐ Driving Exam Written - ☐ Driving Exam Road -  
☐ Other - \_\_\_\_\_

Original Amount of transaction (CI\$): \_\_\_\_\_

I am requesting a refund of \*(CI\$): \_\_\_\_\_ for the following reason(s):-  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_

Bank Details (Wire Transfer)*			
Bank Name:		Name on Account:	
Account #:		Account Type:	

Full Name of Applicant \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

<u>For office use only</u>			
Authorized by: _____		Date: _____	
Supervisor			
Amount to be refunded CI\$ _____			
Refund Approved/Not Approved by: _____		Date: _____	
Operations Manager			
Verified by: _____		Date: _____	
Accounts Officer		Finance Manager	

- **Motor Vehicle Licence Fee** – To obtain a refund of the vehicle licence fee due to:
- Suspension it must have been taken out for a period of **twelve** months.
- Terminate for a period of **six** months or more and the refund amount would be pro rata on a quarterly basis in respect to each clear quarter.
- **Driving Exam Written and Road Fee** – To obtain a refund you must have cancelled the appointment at least 24 hours before due date.
- **Copy of valid ID required.**
- **Copy of the Trade & Business Licence – for companies**

Revised October 2021