

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**