

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 #:	KY -
Contact #:	Email Address:

Receipt No. VL: _____ Date of Receipt: _____
Attached is a copy of the original receipt.

<i>Licensing Officer's Stamp</i>
<i>Signature</i>

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):-

Payment instructions (choose one): Cheque: Pick-up Mail-out

Wire Transfer Complete bank details below:

Bank Name:	
Name on Account:	
Account #:	Currency:
Account Type: Savings <input type="checkbox"/>	Chequing <input type="checkbox"/>

Signature: _____ Date: _____

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

- **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 and in the case of termination 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.**