

**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 #:	KY - _____
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: _____

Signature: _____ Date: _____

<u>For office use only</u>	
Authorized by: _____ Supervisor	Date: _____
Amount to be refunded CI\$ _____	
Verified by: _____ Accounts Officer	Date: _____
Approved by: _____ Finance Manager	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.
 - 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**