West Virginia Department of Transportation

## **Division of Motor Vehicles Application for Refund**



PO Box 17700 • Charleston, WV 25317 1-800-642-9066 • dmv.wv.gov

ALL REFUND REQUESTS MUST BE ACCOMPANIED BY COPIES OF CANCELED CHECK(S) (FRONT AND BACK)
AND/OR APPLICABLE TRANSACTION RECEIPT(S).

**DMV Policy:** Refunds will **ONLY** be given for **unused** decals and **unused** plates with the return of the decal, plate, and registration card. **On duplicate payments, the Division will refund with both cash receipts and copies of both canceled checks.** On driver's license applications, the Division will refund only on a departmental error. On CDL's, the Division only refunds on departmental error.

All applications for refund must be tendered to the Division of Motor Vehicles within SIX (6) months after the date of transaction.

A) Required F	Refund Inform	ation								
REFUND TO (NAME)										
ADDRESS				CIT	Y		STATE	ZIP CODE		
DRIVER'S LICENSE NUMBER EXPIRATION				ION DATE	I DATE			DATE OF BIRTH		
PLATE NUMBER (INCLUDE SPACES)			VIN NUMBE	R						
MAKE	MODEL	YEAR		WEIGHT		ΓΙΤLE NO.				
Reason for Re	fund									
Signature (X) SIGNATURE - YOU MUST SIGN HERE TO CERTIFY YOUR REQUEST							YOUR REQUEST	Date DATE OF REQUEST - M SIX MONTHS OF TRAN		
B) Credit Car	d Payment De	tail (If ap	plicable	)						
	<b>and Policy:</b> You made have a refund pro									
Card Type	DISCOVER.	A s	VIERICAN EXPRESS	Maste	erCard	□V	SA			
Last Four Digi	its of Card Numb	er								
Division of M	lotor Vehicles	Use Only	• If error	was made	by DM\	/, a Supervis	or must sign	below.		
Supervisor's Signature				OASI	IS Doc ID					
Accounting Sign-Off				Date						
Date Completed	 Warrant Numbe									