LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS OFFICE OF MOTOR VEHICLES P.O. BOX 64886 BATON ROUGE, LA 70896-4886

REQUEST FOR REFUND

COMPLETE FORM F	:III I V		. •				
					OFFICE # (Refunding)		
REFUND TYPE							
Drop Down -must select			1.				
	AMOUNT OF REFUND	REFUND AMOUNT REFLECTS THAT THE HANDLING FEE WAS		F VRB OFFICE ERROR, CHECK			
MAIL REFUND TO:		CHARGED WAI	VED	IERE	RE: CUS	TOMER'S NAME	
NAME			I				
ADDRESS							
CITY, STATE, ZIP CODE	<u> </u>						_
OPERATOR'S LICENSE # (Required DMB or DL USE ONLY)		DL Issuance Audit # DMB Fee Re		eceipt # DMB Ca		ase # and Case Type	
DATE ACCEPTED PAYME		T TYPE (Cash, Check, Credit card, Money order) Remit (Remit Code (from	DMB Record)	REFUND FROM ☐ OVERAGE ☐ OTHER Issuing office ()
MAKE OF VEHICLE	YEAR	VEHICLE IDENTIFICATION # Rec	quired VRB		VEHICLE F	PLATE #	
I.R.P. USE ONLY					BATCH / SE	QUENCE NUMBER (HDQTI	RS LISE ONLY)
		UNIT #			3,1,0,1,,02	Q02.102 11032.1 (1.13 Q 1.1	10.002 0.12.7
ACCOUNT#		SUPPLEMENT #					
DEASON FOR REFU	IND (IN DETAIL)						
REASON FOR REFU	IND (IN DETAIL):						
SIGNATURE OF EMPLO	OYEE INITIATING REPORT				1	DATE	
AUTHORIZED SIGNATU	JRE					DATE	

INSTRUCTIONS AFTER COMPLETING THIS FORM

- 1. Attach proper documentation of monies received initially (example: copy of receipt, copy of registration certificate, supporting documents, etc.).
- 2. Scan with appropriate documentation to the available Refunds batch class.
- 3. Office of Management and Finance will request transfer of monies from the State Treasurer's Office weekly. Refund check will be mailed to applicant within 4 to 6 weeks from date of request.