

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 FULLY

				OFFICE
MAIL REFUND TO:	AMOUNT OF REFUND	REFUND AMOUNT REFLECTS THAT THE HANDLING FEE WAS <input type="checkbox"/> CHARGED <input type="checkbox"/> WAIVED	IF VRB OFFICE ERROR, CHECK HERE <input type="checkbox"/>	RE: CUSTOMER'S NAME
NAME _____				
ADDRESS _____				
CITY, STATE, ZIP CODE _____				
OPERATOR'S LICENSE # (DMB USE ONLY)		RECEIPT # (DMB USE ONLY)	ACCIDENT # / NOV # (DMB USE ONLY)	CONVICTION # / CANCELLATION # (DMB USE ONLY)
DATE ACCEPTED (DMB USE ONLY)	REMITTANCE TYPE (DMB USE ONLY)		REMITTANCE # (DMB USE ONLY)	REFUND FROM <input type="checkbox"/> OVERAGE <input type="checkbox"/> OTHER <input type="checkbox"/> SUSPENSE <input type="checkbox"/> ABEYANCE ()
MAKE OF VEHICLE	YEAR	VEHICLE IDENTIFICATION #		VEHICLE PLATE #
I.R.P. USE ONLY			BATCH / SEQUENCE NUMBER (HDQTRS. USE ONLY)	
ACCOUNT# _____			UNIT # _____	
			SUPPLEMENT # _____	

REASON FOR REFUND (IN DETAIL):

SIGNATURE OF EMPLOYEE INITIATING REPORT	DATE
AUTHORIZED SIGNATURE	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. Submit to Document Management Unit, Headquarters.
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.