

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

Type of Refund

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/DL USE ONLY)		DL ISSUANCE AUDIT #	DMB FEE RECEIPT #	DMB CASE # AND CASE TYPE
DATE ACCEPTED	PAYMENT TYPE (CASH, CHECK, CREDIT CARD, MONEY ORDER)		REMIT CODE (FROM DMB RECORD)	REFUND FROM <input type="checkbox"/> OVERAGE <input type="checkbox"/> OTHER <input type="checkbox"/> ABEYANCE ()
MAKE OF VEHICLE	YEAR	VEHICLE IDENTIFICATION #		VEHICLE PLATE #
I.R.P. USE ONLY ACCOUNT# _____ UNIT # _____ SUPPLEMENT # _____				BATCH / SEQUENCE NUMBER (HDQTRS. USE ONLY)

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 or scan (as directed).
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.