

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

Refund Type

Drop Down -must select

Office # (Refunding)

Amount of Refund	Refund Amount Reflects That the Handling Fee Was: Charged Waived	If VR Office Error, Check Here	Re: Customer's Name	
Mail Refund To: Name				
Address				
City, State, Zip Code				
License # (Required DMB or 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	
Make of Vehicle	Year	Vehicle Identification Number # (Required for VRB)	Vehicle Plate #	Issuing Office
I.R.P. USE ONLY Unit # _____			Batch/Sequence Number (HQ Use Only)	
Account # _____			Supplement # _____	

Reason for Refund (in detail):

Name of Employee Initiating Report	Date
	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.
4. This form shall be completed to its entirety and typed.