West Virginia Department of Transportation

Division of Motor VehiclesApplication for Refund



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

ALL REFUND REQUESTS MUST BE ACCOMPANIED BY COPIES OF CANCELLED CHECK(S) (FRONT AND BACK)
AND/OR APPLICABLE TRANSACTION RECIEPT(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 Refund Inf	ormation			
REFUND TO (NAME)				
ADDRESS		CITY	STATE	ZIP CODE
DRIVER'S LICENSE NUMBER EXPIRAT		DATE DATE OF BIRTH		BIRTH
PLATE NUMBER (INCLUDE SPACES)	VIN NUMBER			
MAKE MODEL	YEAR	WEIGHT	TITLE NUMBER	
Reason for Refund	•	•		
Refund Total \$		TURE - YOU MUST SIGN HER	E TO CERTIFY YOUR REQUEST	Date DATE OF REQUEST - MUST BE WITHIN SIX MONTHS OF TRANSACTION DATE
B) Credit Card Payment	: Detail (If applicable)			
Credit Card Refund Policy: Yo When you elect to have a refur				
Card Type DISCOV	ER CAMERICAN CORPORATE	MasterCard	□ VISA	
Card Number			Expiration	Date /
Card Holder Signature (X)		Date		
Division of Motor Vehic	les Use Only • If error wa	as made by DMV, a	Supervisor must sign	below.
Supervisor's Signature		FIMS Number		
Accounting Sign-Off		Date		
Date Completed Warrant N	lumber			