VEHICLE REGISTRATION REFUND APPLICATION

w w w . d m v / Oow . c o m Virginia Department of Motor Vehicles Post Office Box 27412 Richmond, Virginia 23269-0001

Purpose: Use this form to request a refund of the DMV registration fee when vehicle tags are returned to DMV before expiration

and have at least 6 months remaining on the registration.

Instructions: Submit this form and your license plates to any Customer Service Center, or mail the form and license plates to the

Registration Renewal Work Center at the above address.

A \$5.00 processing fee is charged if none of the registration period has passed.

NOTE: Your refund will be mailed to you at the address DMV has in their system. If your address has recently changed, update your address with DMV **prior** to submitting this request. Portions of your registration fee are not refundable. Read the Registration Refund Information below before completing this form. Save a copy of this form and contact your local county/city/town for complete information about your eligibility for refunds of local license fees.

	VF	HICLE INFORMATION			
PLATE NUMBER	TITLE NUMBER			YEAR EXPIRATION DATE (mm/dd/yyyy)	
					(, , , , , ,
		I	I		
	APP	LICANT INFORMATION			
NAME			EIN/DRIVER LICENSE NUMBER OR SSN		
MAILING ADDRESS		CITY		STATE	ZIP CODE
		CERTIFICATION			
	cle has been sold, disposed of, and	or will not be used on the road	s and highways of \	/irginia withou	ıt proper
registration. I/We further certify and a	ffirm that all information presented i	n this form is true and correct t	that any documents	I/we have pre	esented to DMV are
genuine, and that the info	ormation included in all supporting o	locumentation is true and accur	rate. I/We make this	s certification	and affirmation
under penalty of perjury a	and I/we understand that knowingly	making a false statement or re	presentation on this	form is a crin	ninal violation.
OWNER SIGNATURE			DATE (mm/dd/yyyy)		
CO-OWNER SIGNATURE			DATE (mm/dd/yyyy)		
CO-OWNER SIGNATURE			DATE (Hill/dd/yyyy)		
CHECK ONE AND SIGN BEL	OW (if applicable)				
☐ EXECUTOR	POWER OF ATTORNEY	☐ LEGAL HEIR		ATOR OF EST	·ATE
OWNER SIGNATURE			DATE (mm/dd/yyyy)		
	REGISTRA	TION REFUND INFORMA	TION		
If your refund check do	es not arrive within 30 days from	the date of your application,	write to:		
DMV Refund Section					
Financial Management P.O. Box 25700	Services				
Richmond, Virginia 232	260.				
	ased on each 6 full months remain	ning in the registration period			
	less than 6 full months remain in				
	of the registration fee are not DM	•	e: the State Inspec	ction Fee. Fn	nergency Medical
	applicable Emissions Fee.	2.2.2	213.13spot		- g,
Special plate fees whic	h are charged only one time, rath	er than annually, are not refu	ındable.		