



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
DIVISION OF MOTOR VEHICLE LICENSING

TC 96-171
 Rev. 05/2020
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CLAIM FOR REFUND OF MOTOR VEHICLE LICENSE FEE
 KRS 186.120

NOTE: A refund is allowable only on vehicles totally destroyed by fire or accident. The ORIGINAL registration certificate and license plate must accompany the claim for refund. Both of the affidavits below must be executed.

INSTRUCTIONS: Return completed form, original registration certificate and license plate, along with a copy of the police report to the Kentucky Transportation Cabinet, Division of Motor Vehicle Licensing, 200 Mero Street, Frankfort, KY 40601-2014.

SECTION 1: CLAIMANT INFORMATION

NAME (<i>first, last</i>)	EMAIL	PHONE	COUNTY
MAILING ADDRESS (<i>street or P.O. Box</i>)	CITY	STATE	ZIP

License Fee Paid \$ _____

SECTION 2: VEHICLE INFORMATION

MAKE	MODEL	MODEL YEAR
BODY STYLE	PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)

SECTION 3: INCIDENT INFORMATION (*Incident must be fire or accident.*)

Date of Incident ____ / ____ / ____ Type of incident:
 MM DD YYYY Fire Accident

Provide details of the fire or accident. Include as many details as possible in the space provided.

AFFIDAVIT OF CLAIMANT

The claimant, _____ states that he or she is the owner of the vehicle described above and that it was totally destroyed in the manner stated, and is entirely useless and unfit for service, and hereby claims a refund of the unused portion of the license fee.

 CLAIMANT SIGNATURE

Subscribed and sworn to me this _____ day of _____, 20 _____.

My commission expires ____ / ____ / ____ My commission #: _____
 MM DD YYYY

 OFFICIAL TITLE

 SIGNATURE OF ATTESTING OFFICIAL

AFFIDAVIT OF TWO OTHER REPUTABLE PERSONS

The affiants _____ and _____ state that the vehicle described above was totally destroyed in the manner stated and is entirely useless and unfit for service.

 SIGNATURE (*Affiant #1*)

 SIGNATURE (*Affiant #2*)

Subscribed and sworn to me this _____ day of _____, 20 _____.

My commission expires ____ / ____ / ____ My commission #: _____
 MM DD YYYY

 OFFICIAL TITLE

 SIGNATURE OF ATTESTING OFFICIAL

KYTC Use Only

Approved Refund amount \$ _____
 Denied Reason for denial: _____

 Signature Approval (*Supervisor, Special Plate*)

 Date