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)
000

Mail Refund To:	Amount of Refund	Refund Amount Reflects That the Handling Fee Was: ☐ Charged ☐ Waived	If VR Office Error, Check Here ☐	**Re: Customer's Name**
Name				
Address				
City, State, Zip Code				

License # (Required DMB or DL use only)	DL Issuance Audit #	DMB Fee Receipt #	DMB Case # and Case Type
000000000			

Date Accepted	Payment Type (cash, check, credit card, money order)	Remit Code (from DMB Record)	Refund From: ☐Overage ☐Other

Make of Vehicle	Year	Vehicle Identification Number # (Required for VRB)	Vehicle Plate #	Issuing Office

I.R.P. USE ONLY

Unit # _____

Account # _____ Supplement # _____

Batch/Sequence Number (HQ Use Only)

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.