

State of Florida
 Department of Highway Safety and Motor Vehicles

Division of Driver Licenses - Refund Request

Directions: Complete form, sign at the bottom and mail to:

Division of Driver Licenses
P. O. Box 5775
Tallahassee, FL 32314-5775

A Refund is Requested for the Following: (Check Proper Box/Boxes)

License Fee Examination Fee Service Fee FR Refee ID Card Fee

List All Applications Pertaining to Refund Below:

Date(s) Applied _____ Office # _____ Audit #(s) _____ Fees Paid _____

Justification for Refund (Explain Fully) _____

(First)	(Middle or Maiden)	(Last)	(Suffix)
NAME			
(Street# and Name or P.O. Box)		(City)	(State) Zip Code
ADDRESS			
DRIVER LICENSE NUMBER	S.S.NUMBER	DATE OF BIRTH	TOTAL REFUND OFFICE EXAMINER
		Mo. Day Yr.	

License Surrendered _____ Attached _____ If not. Why? _____

Date _____ Applicant's Signature _____