



**Division of Motorist Services
Refund Request**

A refund is requested for the Following (Check proper box/boxes)

- License Fee Examination Fee Service Fee
 FR Re-fee ID Card Fee Other _____

List All Applications Pertaining to Refund Below:

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

Justification for Refund (Explain Fully): _____

Name				
Address				
Driver License Number	Date of Birth	Total Refund	Office ID	Examiner ID
Date	Customer's Signature			

Instructions: Please complete, print and sign this form.

Mail form to:
 Division of Motorist Services
 P.O. Box 5775
 Tallahassee, FL 32314-5775

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