

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 #	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.

For additional assistance with completing and submitting this form, please visit a local Driver License or Tax Collector Office.

Mail form to:

Division of Motorist Services

P.O. Box 5775

Tallahassee, Florida 32314-5775

or

Fax form to:

(850) 617-5219