

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**DIVISION OF MOTOR VEHICLES**  
**BUREAU OF MOTOR CARRIER SERVICES**  
Neil Kirkman Building • Tallahassee, Florida 32399-0624  
**APPLICATION FOR LICENSE PLATE/VESSEL REGISTRATION  
OR DECAL REFUND/CREDIT**  
(Authorization -- Section 215.26 or 320.072, Florida Statutes)

The registration certificate and this application must be submitted to the Division of Motor Vehicles, Tallahassee, Florida, where the refund/credit will be issued. The license plate/registration/decals must also be submitted with the above or turned in to the Tax Collector's Office for cancellation.

**This is to certify that the motor vehicle/vessel described below is or was registered in my name.**

Year	Make	Type	Vehicle/Vessel Identification Number	Title # or FL # or Tag #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CHECK REASON FOR REFUND/CREDIT APPLICATION**

- Vehicle/Vessel/Mobile Home Sold (Submit proof of disposal) (Section 320.15, Florida Statutes, no provision for prorata refund)
- License Plate/Decal Purchased in Error (Submit copy of registration and a detailed explanation as to what error occurred)
- Mobile Home/Travel Trailer Declared as Real Property Indicate RP sticker number(s):   
(Submit photocopies from the Property Appraiser's Office of current RP registration and completed Declaration of Mobile Home/Travel Trailer stating the year(s) declared as Real Property)
- Two License Plates/Registrations/Decals Purchased for Same Vehicle/Vessel  
(Submit photocopy of current registration for license plate/vessel/decals being retained and indicate license plate/decals/vehicle registration number below) If a Temporary Operational Permit (TOP) has been purchased and an application for apportioned International Registration Plan (IRP) license plate has been submitted, IRP plate and cab card must be received prior to applying for refund.

**IF A NEW FLORIDA LICENSE PLATE HAS BEEN ISSUED FOR A VEHICLE AND A CURRENT FLORIDA LICENSE PLATE/DECAL HAS BEEN OR CAN BE TRANSFERRED TO SAME VEHICLE, SUBMIT A COPY OF THE REGISTRATION FOR THE NEW LICENSE PLATE, A COPY OF THE REGISTRATION FOR THE CURRENT LICENSE PLATE/DECAL PRIOR TO TRANSFER, AND A COPY OF THE REGISTRATION AFTER TRANSFER.**

- Initial Registration Fee (\$100.00)  
(Submit copy of registration indicating fee paid within the last 3 months and submit proof of the vehicle/previously-owned vehicle disposed of; for example, copy of the front and back of title, bill of sale)
  - Other (Please attach a detailed explanation)
- |  |   |   |   |
|--|---|---|---|
| License Plate Number/<br>Registration Number<br>Currently In Use | <input style="width: 100%;" type="text"/> | License Plate Number/<br>Registration Number<br>Being Surrendered | <input style="width: 100%;" type="text"/> |
| and/or Decal   | <input style="width: 100%;" type="text"/> | and/or Decal  | <input style="width: 100%;" type="text"/> |
| Expiration Date  | <input style="width: 100%;" type="text"/> | Expiration Date   | <input style="width: 100%;" type="text"/> |

**DMV OFFICIAL USE ONLY**

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

**PLEASE PRINT OR TYPE CLEARLY, THIS INFORMATION WILL BE USED TO MAIL YOUR REFUND CHECK**

Name of Registered Owner

Street Address

City <input style="width: 90%;" type="text"/>	State <input style="width: 90%;" type="text"/>	ZIP Code <input style="width: 90%;" type="text"/>
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*(Copies of registration(s) showing taxes paid must be submitted with this refund/credit form)*

Signature of Registered Owner  Date

Signature of Registered Owner  Date

**TAX COLLECTOR AFFIDAVIT**

License Plate Number/Registration Number	<input style="width: 90%;" type="text"/>	Decal Number	<input style="width: 90%;" type="text"/>	Expiration Date	<input style="width: 90%;" type="text"/>	Class Code	<input style="width: 90%;" type="text"/>
Gross Vehicle Weight, Length or New Weight	<input style="width: 90%;" type="text"/>	Date Received	<input style="width: 90%;" type="text"/>	County/Agency Number	<input style="width: 90%;" type="text"/>		

*(If the refund requested is due to Tax Collector error, please attach a detailed explanation on Tax Collector's letterhead paper.)*

By: \_\_\_\_\_ Tax Collector's Name Stamp, Seal or Signature \_\_\_\_\_