BRANCH	DATE FEE COLLECTED	CLOCK	DATE OF REFUND REQUEST

REFUND REQUEST
F-45 REV. 3-11

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
60 STATE STREET
WETHERSFIELD, CT 06161

Do NOT process any refund without the required documentation. Reference the refund policies and procedures for the required supporting documents.

INSTRUCTIONS FOR A BRANCH OR DIVISION:

1. Complete this form in TRIPLICATE.
2. Obtain all the required signatures and documents.
3. Submit the first copy with the original documents to the Fiscal Services Division.
4. Retain the second copy with a copy of the required documents.
5. Give the third copy to the customer.

SECOND YEAR REFUNDS REQUIRE COMPLETION OF FORM NO. F-82.

ACCOUNTING DATA

LIST NUMBER	LIST DATE

FEE PAID	**$**	
DMV FEE DUE	**$**	
REFUND	**$**	

NAME OF PERSON TO BE REFUNDED *(Last, First, Middle Initial)*

ADDRESS *(No. & Street)*

(City or Town) *(State)* *(Zip code)*

I hereby request a refund of monies paid to the Commissioner of Motor Vehicles for validated fees on the document listed below. I certify that the information I have furnished is true and accurate to the best of my knowledge and belief.

CUSTOMER SIGNATURE X

DATE SIGNED

TYPE OF TRANSACTION

☐ **REGISTRATION**

CLASS CODE/REGISTRATION NUMBERS

REGISTRATION CANCELLED *(If yes, ENCLOSE Plate Cancellation)* ☐ **YES** ☐ **NO**

DATE ISSUED	EXPIRATION DATE	DATE DOCUMENT(S) RETURNED

☐ **OTHER** *(Specify)*

REASON FOR REFUND

☐ **FULL REFUND - REGISTRATION CANCELLED PRIOR TO THE ONSET OF THE REGISTRATION PERIOD**

☐ **DUPLICATE PAYMENT - FRONT AND BACK COPIES OF BOTH PAYMENTS ATTACHED**

☐ **FEE COLLECTED DUE TO DMV OR DEALER ERROR - GIVE A DETAILED EXPLANATION BELOW:**
(Please attach additional sheets if necessary)

☐ **MILITARY "NO FEE" LICENSE AND/OR REGISTRATION - SEC. 14-50(c) and 27-102a, C.G.S. WAIVER ATTACHED**

☐ **COMMERCIAL VEHICLE UNFIT FOR USE - SEC. 14-31, C.G.S.:**

☐ **OTHER - EXPLAIN BELOW:**

SIGNATURE OF DMV SUPERVISOR	SIGNATURE OF DMV EXAMINER	EXAMINER STAMP NUMBER	DATE SIGNED
X	X		