ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Petition For Refund of Registration Fees Erroneously or Excessively Paid for Motor Vehicle License

THIS FORM IS TO BE FILED WITH YOUR LICENSE PLATE ISSUING OFFICIAL

Instructions:

A. Items one (1) thru eleven (11) **below** must be completed.
B. If applicable, you must submit with the petition the license plate (and/or decal) for which you are requesting the refund, and a copy of the Motor Vehicle Registration Tag and Tax Receipt or Cab Card.
C. In item five (5) below, you must give a detailed explanation as to why you believe you are entitled to a refund. In giving this explanation, please give information such as duplicate tag number, dates (date vehicle was last driven while owned by petitioner), and to whom vehicle was traded or sold. The petition will be denied if an insufficient explanation is submitted.

EXAMPLES:

a. Two decals were bought for the same vehicle by the same owner. One was purchased on February 3, _____ (decal No. 22-1245) and the second was purchased on February 18, _____ (decal No. 22-7875).
b. In error, I purchased a tag March 15, _____ for a vehicle which had been sold on January 5, _____ (proof of sale of vehicle should be submitted).

D. The petition must be applied for in the name of the person in whose name the tag receipt or Cab Card is listed.
E. If the vehicle has been sold, please include a copy of the bill of sale showing the date sold and to whom it was sold.
F. If the vehicle was wrecked and totaled, please send a copy of the accident report or insurance report showing the date wrecked or totaled.
G. If the vehicle has not been in operation, please include an affidavit of non-use giving the last date the vehicle was operated on the roads of Alabama.

As provided by Sections 40-12-23, 40-12-24 and 40-2A-7, **Code of Alabama 1975**, you are hereby requested to refund the amount erroneously or excessively paid as evidenced by:

1. License Plate No. _____ (plate must be surrendered if applicable).

2. Decal No. _____ (decal(s) must be surrendered if applicable).

3. Vehicle Identification Number (VIN)*: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

4. County of Registration: _____.

The facts on which this refund is sought and the reasons why the payment of said amount was erroneously or excessive, are as follows:

5. _____

_____

_____

_____

I attest that the above and foregoing Statement of Facts are true and correct to the best of my knowledge and I understand that this statement is made under penalties of perjury.

6. _____
PETITIONER(S)

7. _____
PETITIONER(S) NAME(S) TYPED OR PRINTED

8. _____
ADDRESS

9. _____
CITY STATE ZIP

10. _____
TELEPHONE NUMBER

11. _____
EMAIL ADDRESS