



APPLICATION FOR REFUND

Must be submitted to:
 Department of Motor Vehicles
 P.O. Box 942869 MS A235
 Sacramento, CA 94269-0001

DMV USE ONLY
RECEIVED AND DESTROYED STICKER NO. HERE
YEAR _____
WARRANT NO. (ACCOUNTING USE ONLY):
DATE DMV RECEIVED REFUND REQUEST
BUSINESS INDICATOR: <input type="checkbox"/> B <input type="checkbox"/> I

SECTION 1 — APPLICANT INFORMATION

1. NAME (LAST, FIRST, MI)			
2. MAILING ADDRESS		3. CITY	STATE ZIP CODE
4. VIN/HIN (LAST 3 CHARACTERS)	5. REFUND REGARDING (COMPLETE NAME)	6. LICENSE PLATE, ACCOUNT OR RECEIPT NO.	6a. <input type="checkbox"/> REGISTRATION <input type="checkbox"/> DRIVER <input type="checkbox"/> OCCUPATIONAL <input type="checkbox"/> MISC.
7. DATE FEES WERE PAID (MM/DD/YYYY)	8. OFFICE WHERE FEES WERE PAID	9. WERE FEES PAID BY CREDIT CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. AMOUNT OF CLAIM

11. A REFUND OF FEES IS BEING REQUESTED BECAUSE:
- I am in the military and not a California resident. (Please attach completed and signed Certificate of Nonresident Military Exemption form).
- Vehicle/vessel left California on/last operated in California on _____ DATE and fees were paid on _____ DATE.
- Vehicle/vessel was sold wrecked stolen on _____ DATE and fees were paid on _____ DATE.
- VLF Offset Refund Request (VLF Increase)*
- Other (please explain briefly).

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct

12. DATE	13. SIGNATURE OF APPLICANT	14. DAYTIME TELEPHONE NUMBER ()
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FOR DMV USE ONLY

SUB M FEE CLEARANCE INFO				REPORTING UNIT NUMBER TYPE LICENSE		TOTAL REFUND:	
FEE CODES + Waiver/County	REFUND AMOUNT	FEE CODES + Waiver/County	REFUND AMOUNT	FEE CODES + Waiver/County	REFUND AMOUNT	FEE CODES + Waiver/County	REFUND AMOUNT
AA - (008)		AQ63 - (088)					
AO - (031)		AQ64 - (089)					
AZ - (069)		AN - (093)					
AD - (074)		AU - (094)					
AL - (075)		AI - (095)					
AJ - (076)		001					
AT - (083)		002					
AB - (084)		003					
AQ - (085)		00L -					
AS - (086)		VL2 -					
AV - (087)							
FTB	VLF OFFSET	VLF PENALTY OFFSET	WAIVER CODE	DMV APPROVALS (LEGIBLE SIGNATURE REQUIRED)		DATE	
				TECHNICIAN X			
				SUPERVISOR X			
				MANAGER X			

REBATE	2001 AMT	PENALTY
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APPLICATION FOR REFUND INSTRUCTIONS

This application form (ADM 399) can be used to request refunds for vehicle/vessel registration, driver license, identification card, special certificate, financial responsibility, and other fees and/or penalties collected by the Department of Motor Vehicles (DMV). Refund is due when fees were paid in error or were not required to be paid to DMV as stated in Vehicle Code §42231 and/or Revenue and Taxation Code §10901.

DMV cannot refund the full year vehicle/vessel registration fees if the vehicle/vessel was (1) sold after fees were paid or became due, (2) wrecked after fees became due or (3) operated in the state only part of the year after fees became due.

DMV will not honor refund requests that are:

- for registration fees:
 - when they were **paid prior to the sale** of the vehicle.
 - when the vehicle was operated after the new registration year.
 - covering a portion of the year.
- for duplicate certificates and/or stickers when they were applied for voluntarily.
- for parking fees. Please contact the issuing agency or the court for the parking fee refund.
- for use tax. Please contact the State Board of Equalization for the use tax refund.
- received more than three years after the payment was made. This is due to the statute of limitations and the fact that DMV's records are no longer available for verification.
- for all types of driver license and/or identification card applications unless the fee was collected in error.

To apply for a refund of fees and/or penalties collected by DMV that were erroneous, excessive, or not due:

- Read the instructions thoroughly to determine if a refund of fees is due.
- Detach Instructions for Application for Refund.
- Complete Application for Refund. See the instructions.
- Submit the Application for Refund to the nearest DMV office or mail to: Department of Motor Vehicles
PO Box 942869 MS A235
Sacramento, California 94269-0001

To expedite your refund, attach one of the following documents evidencing payment of sums claimed:

- a photocopy of the cancelled check (front and back) showing proof of payment. If payment was made twice to DMV, please submit photocopies of both cancelled checks.
- receipts issued by DMV.
- vehicle registration card/stickers.
- photocopy of insurance Statement of Facts showing date of loss.

To further substantiate your refund request, you may be asked to submit:

- the Registration Card and the sticker for the year fees are requested to be refunded.
- a Notice of Release of Liability (REG 138) giving the name and address of the purchaser and the date of the sale.
- a Certificate of Nonresident Military Exemption (REG 5045) form.
- the Certificate of Title issued for the vehicle or vessel for which the fees are requested to be refunded (if a change or correction of vehicle or vessel description is also involved).
- a Statement of Facts (REG 256) completed and signed authorizing DMV to issue the refund in your name (if you are other than the registered owner or selling dealer).
- proof of the medical condition which prevented issuance of a driver license.

NOTE: You will be notified of the disposition of your refund request within 30 days from the date of receipt of the Application for Refund in Sacramento. If additional items are needed, you will be notified by mail.

**APPLICATION FOR REFUND
 INSTRUCTIONS
 (continued)**

How to complete Application for Refund:

- “Item” corresponds to the numbers shown on the Application for Refund.
- “Item Description” is the same as indicated on the application form.
- “What to Enter” clarifies the information required to be completed by the applicant.

ITEM	ITEM DESCRIPTION	WHAT TO ENTER
1	Name	Name (last, first, and middle initial) of the individual(s) and/or company that is entitled to the refund. This name will be printed on the check.
2	Mailing Address	Show complete mailing address. (For an “in care of” (C/O) address, enter the C/O name first on the mailing address line, followed by the mailing address.)
3	City, State, and Zip	Show complete city name, state, and zip code.
4	VIN/HIN (Last 3 Characters)	Refund of registration fees only: show the last three characters of the vehicle identification number or vessel hull identification number.
5	Refund Regarding	Show the name(s) of person(s) who paid the original fees if they are different from the one(s) shown in Item 1.
6	License, Account or Receipt Number	Refund of driver license fees: show the driver license or receipt number (Including commercial driver license, special certificate, and financial responsibility, etc.) Refund of registration fees: show the vehicle license plate number, vessel registration number, one trip permit number, commercial requester account number, or IRP fleet number, etc.
6a	Registration Driver Occupational Misc.	Mark an “X” in the “Registration” box if refund is for vehicle/vessel related fees. Mark an “X” in the “Driver” box if refund is for driver license related fees. Mark an “X” in the “Occupational” box if refund is for occupational license fees. For all others, mark an “X” in the “Misc.” box.
7	Date Fees Were Paid	Enter the date the fees to be refunded were originally paid.
8	Office Where Fees Were Paid	Enter the name of the DMV office, business partner, or location of the Auto Club where the fees to be refunded were originally paid.
9	Were Fees Paid by Credit Card?	Mark an “X” in the box which applies to your refund request.
10	Amount of Claim	Enter the amount of refund that you are requesting, including dollars and cents.
11	Reason for Refund	Mark an “X” in the appropriate box. Mark an “X” in the “Other” box if the fees to be refunded are not vehicle related. Write a brief statement justifying the refund request.
12	Date	Enter the date the Application for Refund is signed.
13	Signature of Applicant	Your signature.
14	Daytime Telephone No.	Your daytime area code and telephone number.