



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

600 New London Avenue

Cranston, RI 02920-3024

Phone: 401-462-4368

www.dmv.ri.gov

REFUND APPLICATION

Date: ____ / ____ / 20____

Application is hereby made for the refund in the amount of \$ _____, which was submitted to the Division of Motor Vehicles.

Registration Plate Number: _____

License Number: _____

The request is being made for the following reasons:

Signature: _____

Printed Name: _____

Current Address: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public: _____

Commission Expiration Date: _____

NOTE: You are eligible for a refund only if you have one entire year remaining on the registration. Partial refunds and prorated refunds are not given.

- a. If the vehicle is leased, the refund application must be completed by the leasing company.
- b. A copy of the cancellation slip (TR-3) must be submitted with refund application.
- c. Refund application must be received within one (1) year from cancelation date.
- d. Refunds may take up to six (6) months to process.