



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

CASHIERS OFFICE

600 New London Avenue

Cranston, RI 02920-3024

Phone: 401-462-5728

Fax: 401-462-1301

www.dmv.ri.gov

REFUND APPLICATION

NOTE: You are eligible for a registration refund only if you have one (1) entire year remaining on the registration. Partial refunds and prorated refunds are not given. The application must be notarized. Incomplete applications will not be processed.

- A. Who qualifies for a refund?
 - Registered owner; or
 - Surviving spouse (a copy of the death certificate required); or
 - Executor or Executrix (a copy of the first page of the Certificate of Appointment of the Estate is required).
- B. If the vehicle is leased, the refund application must be completed by the leasing company. A refund check is issued in the leasing company name, unless there is a "Limited Power of Attorney" from the leasing company authorizing the customer to obtain the refund.
- C. A copy of the cancellation slip (TR-3) must be submitted with refund application.
- D. Refund application must be received within one (1) year from cancellation date.
- E. Refunds may take up to six (6) months to process.

Date: _____

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

Registration Plate Number: _____ **Driver's License Number:** _____

The request is being made for the following reason(s):

Printed Name: _____ **Signature:** _____

Current Address: _____
STREET NUMBER & NAME APT. OR FLOOR # TOWN/CITY STATE ZIP CODE

Contact Phone Number: _____

(A phone number is mandatory. If application is incomplete or illegible, applicant may not receive a refund.)

Subscribed and sworn to before me this _____ day of _____, 20_____. Notary Public: _____ Commission Expiration Date: _____
