



**Division of Motorist Services  
Refund Request**

A refund is requested for the Following (Check proper box/boxes)

- License Fee       Examination Fee       Service Fee  
 FR Re-fee       ID Card Fee       Other \_\_\_\_\_

List All Applications Pertaining to Refund Below:

Date (s) Applied _____	Office # _____	Audit # (s) _____	Fees Paid _____
_____	_____	_____	_____
_____	_____	_____	_____

Justification for Refund (Explain Fully): \_\_\_\_\_  
 \_\_\_\_\_

<b>Name</b>				
<b>Address</b>				
<b>Driver License Number</b>	<b>Date of Birth</b>	<b>Total Refund</b>	<b>Office ID</b>	<b>Examiner ID</b>
<b>Date</b>	<b>Customer's Signature</b>			

Instructions: Please complete, print and sign this form.

Mail form to:  
 Division of Motorist Services  
 P.O. Box 5775  
 Tallahassee, FL 32314-5775

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