



APPLICATION FOR REFUND OF CERTAIN FEES

State Form 56165 (R2 / 7-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-33-3-1.

BUREAU OF MOTOR VEHICLES
Central Office Finance
100 N. Senate Avenue, Room N440
Indianapolis, IN 46204
(888) 692-6841

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. Provide the reason you are applying for the refund in Section 2 and mail in the supporting document proof with this application.
 3. If you are signing on behalf of the applicant, you must provide a photocopy of the document that authorizes you to do so (e.g. POA, executor, company agent, or representative).
 4. If a registration has more than one (1) registrant, only one (1) registrant is required to sign as applicant.
 5. Mail this application and all supporting documents to the address listed at the top of this form within three (3) years after the date on which the person paid the fee. All requests for refund will be reviewed within thirty (30) business days of receipt. Individuals with approved refund requests will receive a check from the state Auditor; individuals with denied requests will receive a letter explaining the denial.

SECTION 1: REFUND PAYEE INFORMATION			
Applicant(s) Name (as printed on Indiana Certificate of Registration, Title, or Credential)			
Mailing Address (number and street)	City	State	ZIP Code
Contact Telephone Number	Email Address		
Applicant(s) Driver's License Number, Federal ID Number, or Customer UID			
SECTION 2: REFUND REASON			
Briefly describe the reason for the refund and attach all supporting documentation.			
Date fee was paid (mm/dd/yyyy)	Amount of refund claimed by Applicant		
	\$		
SECTION 3: VEHICLE / WATERCRAFT INFORMATION			
<i>(If the refund involves a vehicle / watercraft, please list VIN / HIN below. Only one vehicle / watercraft per form.)</i>			
VEHICLE IDENTIFICATION NUMBER (VIN) / WATERCRAFT IDENTIFICATION NUMBER (HIN): (Please enter in spaces below.)			
			License Plate Number / Watercraft Registration Number
SECTION 4: APPLICANT AFFIRMATION			
I swear or affirm under the penalties for perjury that I am requesting a refund for the above listed reason, that a refund has not been previously issued to me for this reason, and that all the information entered above is true and correct.			
Signature of Applicant			Date Signed (mm/dd/yyyy)
Printed Name of Applicant		Relationship to Payee(s) (if other than payee) (Example: agent, POA, executor of estate, agent)	
SECTION 5: BMV USE ONLY			
Approval Amount (If denied, enter 0.)	Signature of BMV Authorized Representative		Date of Approval or Denial (mm/dd/yyyy)
\$			