

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 *California Vehicle Code* §42231 and/or *Revenue and Taxation Code* §10901.

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.
- Complete Application for Refund. See the instructions.

Submit the Application for Refund to the nearest DMV office or mail to:

Registration

Department of Motor Vehicles
PO Box 942869, MS A235
Sacramento, CA 94269-0001

Driver License/Identification Card

Department of Motor Vehicles
PO Box 942890
Sacramento, CA 94290-0001

Occupational Licensing

Department of Motor Vehicles
Occupational Licensing Section
PO Box 932342, MS L224
Sacramento, CA 94232-3420

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.
 - wrecked after fees became due.
- 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 California Department of Tax and Fee Administration 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.

Attach all applicable substantiation for your requested refund:

- Photocopy of the cancelled check (front and back) or credit card receipt showing proof of payment. If payment was made twice to DMV, please submit photocopies of both cancelled checks or credit card receipts.
- Photocopy of receipts issued by DMV.
- Vehicle registration card/stickers for the year fees are requested to be refunded.
- Photocopy of insurance Statement of Facts showing date of loss.
- Completed Certificate of Non-Operation/Planned Non-Operation Certification (REG 102) form.
- Completed Notice of Transfer and Release of Liability (REG 138) providing the name and address of the purchaser and the date of sale.
- Completed Nonresident Military (NRM) Vehicle License Fee and Transportation Improvement Fee Exemption (REG 5045) form.
- 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).
- 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 medical condition which prevented issuance of a driver license.

NOTE: You will be notified of the disposition of your refund within 30 days from the date of receipt of the Application for Refund in Sacramento. You will be contacted by phone, email or surface mail if additional items or clarification is required. Please visit DMV's Refund FAQs Webpage at <https://www.dmv.ca.gov/portal/dmv/detail/online/refund/refundfaqs> for more details.

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 or Company Name	Name (last, first, and middle initial) of the individual(s) and/or company that is entitled to the refund. Refund is issued back to the original form of payment. For credit card refunds, the refund is issued back to the credit card holder. If the refund needs to be issued to a different person, a completed Statement of Facts (REG 256) is needed.
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 Code	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	Registered Owner or License Name	Registered owner’s name or licensed person’s name if different from the Applicant. Include the registered owner’s or the licensed person’s address in the blank space under #11 “Other”.
6	License or License Plate Number	Refund of driver license fees: show the license number (Including identification card, driver license, motorcycle license, commercial driver license, special certificate, occupational license, or 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/ID Occupational Misc.	Mark an “X” in the “Registration” box if refund is for vehicle/vessel related fees. Mark an “X” in the “Driver/ID” box if refund is for driver license or identification card 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	Payment Method	Mark an “X” in the box of your original payment method.
10	Refund Amount Requested	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 reason for refund is not listed. Write a brief statement justifying the refund request. If applicant is not the registered owner’s or the licensed person’s include the registered owner’s or licensed person’s address under “Other”.
12	Signature of Applicant	Your signature.
13	Date	Enter the date the Application for Refund is signed.
14	Daytime Telephone Number	Your daytime area code and telephone number.
15	Email Address	Your email address.

APPLICATION FOR REFUND

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) OR COMPANY NAME _____

2. MAILING ADDRESS _____

3. CITY _____ STATE _____ ZIP CODE _____

4. VIN/HIN (LAST 3 CHARACTERS) _____

5. REGISTERED OWNER OR LICENSE NAME _____

6. LICENSE OR LICENSE PLATE NUMBER _____

6A. REGISTRATION DRIVER/ID
 OCCUPATIONAL MISC.

7. DATE FEES WERE PAID (MM/DD/YYYY) _____

8. OFFICE WHERE FEES WERE PAID _____

9. PAYMENT METHOD
 CREDIT/DEBIT CASH/CHECK

10. REFUND AMOUNT REQUESTED _____

11. A REFUND OF FEES IS BEING REQUESTED BECAUSE:

Vehicle/vessel left California last operated in California on _____ DATE _____

Vehicle/vessel was sold wrecked stolen on _____ DATE _____

DL/ID/OL Refund Reason _____

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. SIGNATURE OF APPLICANT _____

13. DATE _____

14. DAYTIME TELEPHONE NUMBER () _____

15. EMAIL ADDRESS _____

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)		060		VL2 -	
AO - (031)		AQ64 - (089)		154		VPC	
AZ - (069)		AN - (093)		316			
AD - (074)		AU - (094)		501			
AL - (075)		AI - (095)		502			
AJ - (076)		001		503			
AT - (083)		002		50L			
AB - (084)		003		AQ1			
AQ - (085)		00L -		AR1			
AS - (086)		014		AR0			
AV - (087)		039		EF0			

DMV APPROVALS (LEGIBLE SIGNATURE REQUIRED)

TECHNICIAN NAME	TECHNICIAN SIGNATURE X	TECHNICIAN TELEPHONE NUMBER ()	DATE
MANAGER NAME	MANAGER SIGNATURE X	MANAGER TELEPHONE NUMBER ()	DATE
Z96 #	CREDIT CARD COMPANY NAME <input type="checkbox"/> ELAVON <input type="checkbox"/> FIRST DATA		