

*Please Print or Type*

***Claim For Refund Of Truck License Fee***

**(Allowable only on vehicles which have been registered  
in excess of 18,000 pounds and transferred.)  
(KRS 186.056)**

Name of Seller \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Make of Vehicle \_\_\_\_\_ Plate Number \_\_\_\_\_ For Year \_\_\_\_\_

Year Model \_\_\_\_\_ Body Style \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

License Fee Paid \$ \_\_\_\_\_ Date of Transfer \_\_\_\_\_

Name of Purchaser \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

***The Original Registration Certificate And License Plate Must Accompany The Claim For Refund***

Signed \_\_\_\_\_  
*Claimant*

Approved for refund of \$ \_\_\_\_\_  
*Supervisor, Special Plate Section*