



STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION
REQUEST FOR REFUND

CHECK ONE:

- Vehicle Related
- Driver Related

OWNER / DRIVER INFORMATION

Printed Name		Date of Birth
Address		Social Security Number
City, State, Zip Code		Driver License Number
Telephone No. ()	Citation Number (If Applicable)	

VEHICLE / VESSEL INFORMATION (IF APPLICABLE)

Year	Make	Model	Body Type (Series)	State Registered
Engine No. (If Applicable)		Vehicle or Hull ID Number	License Plate or Boat No.	

REASON(S) FOR REFUND

VEHICLE RELATED	DRIVER RELATED
<input type="checkbox"/> INCORRECT COMPUTATION OF REGISTRATION FEE (INCLUDING OVERPAYMENT, DOUBLE PAYMENT OR MISAPPLIED FEES): Submit copy of registration certificate and letter of explanation.	<input type="checkbox"/> COURT TICKET - PAYMENT MADE TO MVD INSTEAD OF DESIGNATED COURT.
<input type="checkbox"/> TWO REGISTRATIONS AND VALIDATION STICKERS/DECALS PURCHASED FOR ONE VEHICLE/VESSEL: Submit copy of vehicle/vessel registration certificate being used and the unused registration certificate and sticker/decals.	<input type="checkbox"/> DOUBLE PAYMENT
<input type="checkbox"/> INCORRECT COMPUTATION OF EXCISE TAX: Submit copy of registration certificate showing fees paid and letter of explanation.	<input type="checkbox"/> OVERPAYMENT
<input type="checkbox"/> VEHICLE/VESSEL TRANSFERRED FROM ONE PARTY TO ANOTHER OR DISPOSED OF: Indicate exact date vehicle/vessel was transferred or disposed of and method of transfer or disposition. Submit unused registration certificate and sticker/decals.	<input type="checkbox"/> WARNING TICKET
<input type="checkbox"/> VETERANS ALLOWANCE: Submit New Mexico Veterans Certificate of Eligibility.	<input type="checkbox"/> REINSTATEMENT FEE: Amount Paid \$ _____
<input type="checkbox"/> EXEMPTION FROM PAYMENT OF NEW MEXICO EXCISE TAX FOR A VESSEL (BOAT): Submit Form 10014, Affidavit of Non-Resident Military Personnel.	

OTHER REASON(S) FOR REFUND: Submit supporting documents and letters of explanation (if needed).

IMPORTANT!

ALL REQUESTS FOR REFUND MUST BE ACCOMPANIED BY A COPY OF A CANCELED CHECK, MONEY ORDER OR CREDIT CARD STATEMENT

I hereby request refund of fees paid to the New Mexico Motor Vehicle Division for the reason(s) indicated above and certify that all information given is true and correct to the best of my knowledge.

REQUESTER'S SIGNATURE _____

DATE _____

Please include all copies of payments and mail to:

Motor Vehicle Division
Driver & Vehicle Services Bureau
P.O. Box 1028
Santa Fe, New Mexico 87504-1028