



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

OFFICE USE ONLY
Date Approved _____
Amount Approved _____
Approved By _____

Claim for a Driver's License Fee Refund

Print this completed form. This form can be mailed or submitted in person to Driver and Vehicle Services, 445 Minnesota Street, St. Paul, Minnesota 55101-5162. It may also be faxed to (651) 296-2787.

- If you have questions or need additional information, please contact DVS at (651) 297-3298 or (651) 282-6555 (TTY).
- Where applicable, please submit copies of receipts as proof of payment.

A General Information (PLEASE PRINT)

Name (LAST, FIRST, MIDDLE INITIAL) _____
Date of Birth (mm/dd/yy)

DL Number (OMIT DASHES)

Street Address

City / State / Zip Code _____
County

B Type of Refund

- | | |
|--|---|
| <input type="radio"/> Reinstatement Fees | <input type="radio"/> Motorcycle Fees |
| <input type="radio"/> Driver's License Fees | <input type="radio"/> Instruction Permit Fees |
| <input type="radio"/> Identification Card Fees | <input type="radio"/> Other Fee _____ |

Please explain the reason for your request:

Signature of Applicant _____
Date (mm/dd/yy)