Minnesota Department of Public Safety Driver and Vehicle Services
445 Minnesota St., St. Paul, MN 55101
drive.mn.gov

Claim for a driver's license fee refund

This form can be mailed or submitted in person.

- If you have questions or need additional information, contact us at 651-201-7777 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) _____

Driver's License Number (Omit dashes)

Street Address _____

City / State / Zip Code _____ County _____

B. Type of Refund

◯ Driver's License Fees ◯ Identification Card Fees ◯ Instruction Permit Fees

◯ Motorcycle Fees ◯ No Show Fee ◯ Reinstatement Fees ◯ Other Fee _____

Explain the reason for your request. Provide additional documentation to support request if available.

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What is the purpose of supplying the requested information?
The Department of Public Safety's Driver and Vehicle Services (DVS) division collects the information on this form to evaluate your claim for a driver's license fee refund, and for recordkeeping purposes as required by the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13.
Am I required to provide the requested information?
You are not legally required to complete this form.
What will happen if I do not provide the requested information?
If you refuse, DVS will consider the claim incomplete and will not grant the requested refund claim.
Who will have access to the requested information?
DVS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provide is classified by 18 United States Code section 2721 and the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, and is subject to the disclosure in accordance with these laws. The information you provide may also be shared upon court order or provided to the state or legislative auditor.

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

OFFICE USE ONLY

Date Approved _____ Amount Approved _____ Approved By _____