



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
 DRIVER AND VEHICLE SERVICES  
 445 Minnesota St. Ste 162  
 St. Paul, Minnesota 55101-5162  
 (651) 296-0118 TTY (651) 282-6555  
 dvs.dps.mn.gov

**Claim for Motor Vehicle Refund**

**PART A: GENERAL INFORMATION (Complete in all cases)**

Name		Address (Street number, R.F.D., City, State, Zip Code)	
Registration Plate Number	Registration Sticker Number	Year	Vehicle Identification Number (VIN)

Refund check made payable to: \_\_\_\_\_ Address: \_\_\_\_\_

I affirm that all statements in this application are true and correct and in accordance with provisions of law, and hereby makes application for refund of type of tax and on such vehicle as herein described.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART B: REGISTRATION TAX**

**DOUBLE REGISTRATION** Sticker # on vehicle \_\_\_\_\_ Sticker # returned \_\_\_\_\_

If stickers are returned used, provide license plate number of vehicle they were used on \_\_\_\_\_

**VEHICLE PERMANENTLY DESTROYED** (Check one)  Accident  Fire  Flood  Tornado

**NOTE: Current plates/stickers and title MUST accompany claim or no refund is due.**

**REGISTRATION IN ERROR, PAID TAX AFTER VEHICLE SOLD TO** Name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date \_\_\_\_\_

If stickers are returned used, provide license plate number of vehicle they were used on \_\_\_\_\_

**CONVERSION TO LOWER CLASS:** From Class \_\_\_\_\_ To Class \_\_\_\_\_ Date of conversion \_\_\_\_\_

**PART C: SALES TAX**

**OVERPAYMENT** Net purchase price \$ \_\_\_\_\_ Explain below in **PART D**

**CLAIM EXEMPTION NUMBER** (see reverse side) \_\_\_\_\_ Explain below in **PART D**

**CLAIM CREDIT OF \$** \_\_\_\_\_ Motor vehicle sales tax paid to state of \_\_\_\_\_

**NOTE: Must show proof of payment to other state, such as validated receipt.**

**PART D: OTHER**

**EXPLANATION:**


**PART E: CERTIFICATION**

**PART F: APPROVAL**

DEPUTY REGISTRAR STAMP	Have plates/stickers been returned?	Date approved	Approved by:
	Has registration card/title been returned?	Amount of refund	Refund to:
	Have plates/stickers been used?		

## INSTRUCTIONS

**PART A:** Complete name and address, and appropriate vehicle information for which a refund of taxes or fees is requested.

**PART B:** If a refund of registration taxes is requested for reason of gross weight reduction or class change resulting in lower tax liability of a truck, tractor, truck-tractor, or trailer, indicate by checking the appropriate box the reason for the gross weight or class reduction and give all required information for the item checked.

If a refund of registration tax is requested for a passenger vehicle, indicate by checking the appropriate box the reason for the refund request, and give all required information for the item checked.

If a registration tax was paid on a vehicle that was previously sold, please submit a copy of the proof of sale (i.e. purchase agreement; bill of sale).

**PART C:** If a refund of the Motor Vehicle Sales Tax is requested, check the appropriate box and indicate the reason for refund, giving all required information for the item checked. If an exemption is claimed, enter in the space provided the appropriate number corresponding with the following exemptions:

1. Vehicle was a gift between individuals: Vehicle was a transfer between husband and wife in a divorce proceeding: Indicate "Divorce".
2. Vehicle was acquired by inheritance, bequest, or by selection by surviving spouse.
3. Vehicle is for sale by purchaser who holds sales and use tax account number: \_\_\_\_\_  
This applies to lending institutions and insurance companies only.
4. Vehicle was transferred from joint ownership to ownership by one or more of the same joint owners without monetary consideration. Vehicle transfer was covered by an internal revenue code.  
Provide Internal Revenue Code #: \_\_\_\_\_
5. Purchaser was a nonresident when the vehicle was purchased and subsequently became a resident of Minnesota more than 60 days after the date the vehicle was titled in another state.
6. The purchaser is a disabled veteran purchasing with funds provided by the Veterans Administration under the provisions of Title 38. VA authorization letter must accompany this form.
7. Purchaser is an interstate carrier holding a common carrier direct pay certificate. Prorate vehicles only.  
Provide number: \_\_\_\_\_
8. Vehicle is for resale or lease by a licensed Minnesota dealer or lessor who has a Minnesota dealer's license number. Provide number: \_\_\_\_\_
9. Purchase of a motor vehicle by a private nonprofit or public educational institution for use as an *instructional aid* in automotive training programs operated by the institution.
10. The vehicle is a *municipal* fire apparatus, marked police car, municipal ambulance, the general appearance of which is an unmistakable purchase of an ambulance by a licensed ambulance service.
11. The purchaser is a federal government agency or instrumentality.
12. Vehicle was registered with Y-class, instate plates but needed apportioned, prorated plates.

**PART D:** Should be used for all other refunds that are not listed.

**PART E and F: FOR OFFICE USE ONLY.**

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### GENERAL INFORMATION

The amount of excise tax incorrectly paid by the applicant, the registration tax paid on a vehicle not in use for the entire registration period, or registration tax paid in full a second time on the same vehicle will be refunded if approved. Vehicles removed from state must return plates and/or stickers before the new registration period begins to receive a refund.

For all other approved refunds, the amount of refund is computed beginning with the month after the month in which the plates/stickers are returned to the Driver and Vehicle Services Division or to a Deputy Registrar, or a gross weight is reduced.

**The following are not refundable: Duplicate plate fees, registration on a worn-out vehicle, and the filing fee authorized by Minnesota Statutes for each processed application.**