

DMV OFFICE USE ONLY	NAME	REFUND AMOUNT \$	REG. EXP. DATE	BRANCH LOCATION	PROCESSING DATE
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**APPLICATION FOR ONE YEAR OR
TWO YEAR REFUND ON REGISTRATION**

F-82 REV. 2-2021

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 SPECIALIZED REGISTRY SERVICES
 60 STATE STREET, WETHERSFIELD, CT 06161-1022
 On The Web At ct.gov/dmv



INSTRUCTIONS:

- A refund will be issued if, from the date of cancellation you have at least:
 - one full year remaining on a two year registration, or
 - one - two years remaining on a three year registration
 All refund applications must be submitted prior to the expiration of the registration period. The refund is only for the registration fee. If you have not cancelled your registration; DMV will cancel your registration and process the refund.
- This refund will be mailed to the address of record on the motor vehicle registration. If you want the refund mailed to a different address, you must complete and include an official B-58 Change of Address/Voter Registration application form.

VEHICLE OWNER	NAME <i>(Last, First, Middle Initial)</i>	
VEHICLE INFORMATION	REGISTRATION (PLATE) NUMBER	IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	REGISTRATION STATUS <input type="checkbox"/> MY REGISTRATION HAS BEEN CANCELLED <input type="checkbox"/> I AUTHORIZE DMV TO CANCEL MY REGISTRATION	
CERTIFICATION AND SIGNATURE	By submitting this form, I certify that I have cancelled my registration or authorize DMV to cancel my registration. I request a refund, as provided by law in Section 14-49(aa) of the Connecticut General Statutes. I understand that this refund will be mailed to the registration owner's address that is on file at the DMV. I hereby certify, under penalty of false statement, that all information above is true and accurate to the best of my knowledge and belief.	
	SIGNATURE OF VEHICLE OWNER OR LESSEE X	DATE SIGNED