MV-700T (2-25)

Pennsylvania
Department of Transportation

APPLICATION FOR REFUND FOR RETURNED TEMPORARY TAGS BY AN OUT OF BUSINESS FULL AGENT

(The space above is for Department use only)
Bureau of Motor Vehicles • Dealer Unit
1101 South Front Street • Harrisburg, PA 17106-8289

A APPLICANT INFORMATION

Dealer/Agent Name:			Dealer/Business Partner Identification Number:
Street Address:	City:	State:	Zip:
Phone Number:	Date Business Closed:		

B LIST ALL PLATES BEING RETURNED

PLATE TYPE	BEGINNING PLATE #	ENDING PLATE #	QUANTITY	PLATE TYPE	BEGINNING PLATE #	ENDING PLATE #	QUANTITY

C REFUND REQUEST

Name:	
Street Address:	
City:	
State:	Zip:

Under provisions on PA Code Chapter 43.7(c), I am requesting that I be granted a refund for the above listed plates, which are enclosed with this request. I understand under the provisions of Title 67, Chapter 43, the Bureau will deduct $25.00 from the total refund to cover processing costs.

BUREAU USE ONLY

Temporary Plates Received By: _____

Refund Amount: Number of plates: (_____ x fee) - $25 = _____

Refund Approved By: _____ Date: _____

Visit us at www.pa.gov/dmv or call us at 717-412-5300.TYY callers - please dial 711 to reach us.