## APPLICATION AND CLAIM FOR MOTOR VEHICLE TAX REFUND

North Dakota Department of Transportation, Motor Vehicle SFN 2883 (3-2016)

MOTOR VEHICLE DIVISION ND DEPT OF TRANSPORTATION 608 E BOULEVARD AVE BISMARCK ND 58505-0780 Telephone (701) 328-2725 Website: https://dot.nd.gov

## TO BE COMPLETED BY APPLICANT

TO BE COMPLETED BY APPLICA	IN I			
Applicant's Legal Name			Title Number	
Mailing Address			Vehicle Identification Number	
City	State	Zip Code	Amount of Tax Remitted	
Was the motor vehicle purchased in Nor	th Dakot	a? Yes No	Corrected Tax Liability	
Date Tax Paid			Amount of Refund	
Reason for Refund:				
I (We) certify that the enclosed bill, cla the money claimed to be paid was actu				
Must be signed by all title owners			Date	
Name of Applicant (type or print)			Signature of Applicant	
Name of Applicant (type or print)			Signature of Applicant	
Name of Applicant (type or print)			Signature of Applicant	
Approval (DOT Use Only)  Motor Vehicle Director Signature as Agent for the Tax Commissioner of the State of North Dakota				
Motor Vehicle Director Signature as Age	ent for the	e Tax Commissioner of	f the State of North Dakota	Date