APPLICATION AND CLAIM FOR MOTOR VEHICLE TAX REFUND

North Dakota Department of Transportation, Motor Vehicle Division
SFN 2883 (07-2009)

To be Completed by Applicant

Applicant's Legal Name			Title No.
Address			VIN
City	State	Zip Code	Amount of Tax Remitted $
			Corrected Tax Liability $
			Amount of Refund $

Was the motor vehicle purchased in North Dakota? ☐ Yes ☐ No

Date tax was paid: _____

Reason for Refund: _____

_____

_____

_____

_____

I (We) certify that the enclosed bill, claim, account, or demand is just and true (including any accompanying schedules and statements); that the money claimed to be paid was actually paid and that no part of such bill, claim, account, or demand has been previously refunded.

_____
DATE

X _____
Applicant's Legal Signature

X _____
Applicant's Legal Signature

X _____
Applicant's Legal Signature
(Must be signed by all title owners)

APPROVAL

X _____
Motor Vehicle Director as Agent for the Tax Commissioner of the State of North Dakota.

_____
DATE

Mail to:

MOTOR VEHICLE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725