

CLIENT IDENTIFICATION

(PLEASE PRINT ALL INFORMATION IN BLOCK LETTERS)

CLIENT(S) or COMPANY NAME			
CLIENT MASTER NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	
	DD MM YY		
RESIDENCE ADDRESS		MAILING ADDRESS (If different than residence)	
STREET NUMBER AND NAME, APT. NO.		STREET NUMBER AND NAME, PO BOX NO., RR. NO., APT. NO.	
CITY, TOWN OR VILLAGE	POSTAL CODE	CITY, TOWN OR VILLAGE	POSTAL CODE

TYPE OF REFUND: Licence Plate / Sticker - Plate No. _____ Driver Licence

REASON: Sold Left Province Deceased Repossession _____
 (Attach Damaged Vehicle Report) (Attach Proof of Death) (Repossessor's Name & Date)

Salvage (Junked) Non-Repairable Class Change Vehicle Deleted from IRP Fleet
 (Attach Damaged Vehicle Report) (Attach Damaged Vehicle Report) (New Class _____) (Date Removed from Fleet _____)

Change of Plate Plate Not in Use Medical/Physical or Non-Compliance of Demand
 (New Plate # _____) (Not Applicable for Commercial Plates)

Stickers Returned Other _____

Signature of Applicant

Date

D	D	M	M	Y	Y	Y	Y

If applying for a Licence Plate refund and you do not have the plate(s) to surrender, the plate owner must complete the Statutory Declaration below.

STATUTORY DECLARATION

I, _____, of the above stated address, do solemnly declare as follows:
 First Name Middle Name Last Name

- That** I am the owner of the Vehicle Licence Plate(s) indicated above.
- That** the plates were stolen and not recovered plates were lost plates were demolished and unretrievable due to an accident Other _____
 Date Stolen

D	D	M	M	Y	Y	Y	Y

 Date Lost

D	D	M	M	Y	Y	Y	Y

 Reported to _____ Police Agency
 Incident Report No. _____
 Details _____

3. **That** I will return the Vehicle Licence Plate(s) to the Registry of Motor Vehicles in the event they are recovered.

4. **That** I make this Solemn Declaration conscientiously believing it to be true and knowing that it is of the same and effect as if made under oath by virtue of the *Canada Evidence Act*.

Declared before me at _____ in the County of _____
 City/Town

Province of Nova Scotia; this _____ day of _____, _____
 Number Month Year

A Barrister or Commissioner of Oaths of the Supreme Court of Nova Scotia

Signature of Declarant

FOR INTERNAL USE ONLY - To be completed by RMV CSR

Plate Number

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 Accepted by (User Name) _____ Date

D	D	M	M	Y	Y	Y	Y

Class _____ Expiry

D	D	M	M	Y	Y	Y	Y

 Driver licence surrendered Yes No

Refund _____ x _____ = _____ - \$ _____ + HST = \$ _____
 Fee Paid Total Months Gross Amount Administration Fee Refund Amount