

MV-200 Revised 04/08	<h2 style="margin: 0;">South Dakota Non-Commercial License Refund Affidavit</h2> <p style="margin: 0;">South Dakota Department of Revenue Division of Motor Vehicles 445 E. Capitol Avenue Pierre, SD 57501-3185 605-773-3541</p>
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Name

Physical Address	City	State	Zip Code
Title/Boat #	VIN/Hull ID	Year	Make

I certify that my reason for requesting a license refund is indicated below, and that I have attached the required documentation that is indicated in parenthesis after the reason I checked. I further certify that the request for refund is being made within one year of the date the license fee was paid and that I am the registered owner of the vehicle for which this refund is being requested.

Owner's Signature _____ Date _____

	Vehicle Licensed At Greater Weight Than Its Actual Weight (Registration, weight slip, title, and title correction fee)
	Overpayment of Fees (Registration) - Please Explain:

COUNTY TREASURER'S SECTION (MUST BE COMPLETED)	
Amount of Refund _____	Number of Months the Refund Covers _____
Application for Junking Certificate has been made on (Date): _____	
Plates were required to be turned in and were not (Explain): _____	
Plate # _____	_____ WAS _____ WAS NOT returned to this office.
Decal # _____	_____ WAS _____ WAS NOT returned to this office.
Tonnage Decal (tons) _____	_____ WAS _____ WAS NOT returned to this office.
County _____	County Employee Name _____ Date _____