



TENNESSEE DEPARTMENT OF SAFETY

Driver Services Division

Browning Building

1150 Foster Avenue

Nashville, Tennessee 37243

REQUEST FOR ONLINE OR KIOSK REFUND

Full Name _____ Email Address _____

Address _____ Phone Number(s) _____
_____ Home _____
_____ Cell _____

Driver License/Photo-ID Number _____

Date of Transaction(s) _____

Driver Service Center Visited (if kiosk refund) _____

Reason for Refund:

Your request **must include a copy of your confirmation page or statement reflecting posted transaction(s)**. It takes approximately fifteen (15) days to process a refund request once it is received by the Department. Please mail all requests to the address above *Attention: Special Handling Unit*.

Signature _____ Date _____