

**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 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  Stickers Returned  Other \_\_\_\_\_  
 (New Plate # \_\_\_\_\_) (Not Applicable for Commercial Plates)

\_\_\_\_\_  
 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

1. **That** I am the owner of the Vehicle Licence Plate(s) indicated above.

2. **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**

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

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