



## TENNESSEE DEPARTMENT OF REVENUE

RV-00000421 (5-21)

### Insurance Coverage Failure Fee Refund Application

**Purpose:** Tennessee requires motor vehicle owners to maintain proof of financial responsibility. If you have paid the coverage failure fee in error and need to request a refund please use this form.

**Instructions:** Submit this form, proof of payment, and proof of financial responsibility for the assessed registration period to [insurance.verification@tn.gov](mailto:insurance.verification@tn.gov), or mail the form to Vehicle Services Division, Attn: EIVS, 500 Deaderick Street, Nashville, TN 37242.

Please note: Processing fees charged for the transaction and any fees paid to the county clerk's office are not refundable. The State of Tennessee only has the authority to refund the \$25.00 and \$100.00 fees.

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#### 1. Registrant & Vehicle Information:

Name of Registrant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Amount Claimed as Refund: \_\_\_\_\_

**Payment Type:**            **Check/Money Order**            **Credit Card**

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#### 2. Basis of Claim:

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**3. Certification:** As the applicant named above, I certify the information contained on this form is correct. Fraudulent statements made in this application could subject the signatory to criminal and civil penalties.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_