



BRITISH  
COLUMBIA

Ministry of Transportation  
and Infrastructure

**REFUND REQUEST FORM**  
**VEHICLE INSPECTION PROGRAM**  
**Commercial Vehicle Safety and Enforcement**

Legal Entity Name: _____	Facility or Inspector No.: _____ - _____
Address: _____	Request Date: _____
City/Prov: _____ Postal Code: _____	Telephone: _____

Items	Quantity	Cost	Series No. - From	Series No. - To
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
<p>A minimum refund value of \$25.00 is required for unused decals (including applicable tax). GST or HST will be refunded for decals according to the tax amount paid at the time of purchase.</p> <p>The information on this form is collected under the authority of the Motor Vehicle Act, Section 217. The information collected will be used to process your refund request. If you have any questions, please call (250) 952-0577 or visit our website at <a href="http://www.cvse.ca">www.cvse.ca</a></p>	Sub Total	\$	<b>Return this form along with the returned stock to:</b>  Mailing address: Commercial Vehicle Safety & Enforcement PO Box 9250 Stn Prov Govt Victoria BC V8W 9J2  Telephone: 250 952-0577	
	GST/HST	\$		
	Refund Total	\$		

Print Name: _____ Signature: _____	
<b>Office Use Only</b>	Client/NSC No.: _____
EXPENSE AUTHORITY _____	PROCESSING CLERK _____
DATE STAMP REQUIRED	