



APPLICATION FOR REPURCHASE OF UNUSED INSPECTION STICKERS

USE BLUE OR BLACK INK ONLY

Inspection Station Information		
STATION NAME:	STATION NUMBER/CLASS:	FEIN #:
ADDRESS:	NUMBER AND STREET	SS #: (IF OUT OF BUSINESS)
CITY/TOWN	STATE	ZIP

NOTE: FORMS THAT DO NOT HAVE THE FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) OR SOCIAL SECURITY NUMBER (SS#) INFORMATION WILL NOT BE PROCESSED.

Returned Unused Inspection Stickers		
NUMBER:	THRU NUMBER:	QTY:
NUMBER:	THRU NUMBER:	QTY:
NUMBER:	THRU NUMBER:	QTY:

TOTAL NUMBER OF STICKERS BEING RETURNED: _____

I, the undersigned, as the responsible agent of the above inspection station, apply for a refund in the amount of \$ _____. I certify that the inspection stickers being returned are in good condition and are within three (3) months of the inspection year for which the stickers were used.

X

Signature of Responsible Agent of the Above Inspection Station

Date

FOR DMV USE ONLY (DO NOT COMPLETE BELOW)

The information contained on this application has been verified by me and found to be in good order. In accordance with Section 31-38-12 of the Motor Vehicle Code Act, I recommend that these stickers be repurchased by the State of Rhode Island.

Signature of State Employee verifying application

Date stickers received