



MDT-MCS-019 07/2022

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Montana Department of Transportation Motor Carrier Services Division

2701 Prospect Avenue
PO Box 4639
Helena MT 59604-4639
mdtmcsrevenue@mt.gov
Phone: (406) 444-7638
TTY: (800) 335-7592
Fax: (406) 444-9263

Refund Application

REFUND REQUEST DATE: _____

CARRIER ACCOUNT #: _____ THIRD PARTY ACCOUNT # (if applicable): _____

CARRIER LEGAL NAME: _____ USDOT #: _____

DBA: _____ TIN/FEIN #: _____

CONTACT NAME / PERMIT SERVICE: _____

CONTACT PHONE NUMBER: _____

PERMIT NO. / IRP (FLEET & SUPP #): _____

DETAILED EXPLANATION OF REFUND REQUEST: (Include how the permit was obtained by the MCS office - via faxed application, emailed application, phone order or on-line application.)

Approval must be obtained from the Carrier to issue a check to anyone other than the entity identified on the account (this would be known as the Legal Name of the Company).

SIGNATURE OF CARRIER: _____

SIGNATURE OF THIRD PARTY: _____

ISSUE CHECK TO: NAME: _____

ISSUE CHECK TO: ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I, the undersigned Carrier, Agent, or MDT Employee, thereof certify that the information shown hereon is known by and is true and correct. I further agree that reimbursement of fees is subject to approval by the Montana Department of Transportation.

Check appropriate box:

☐ Carrier

☐ Agent

☐ MDT Employee

Signature of User requesting the refund

Complete a copy of this application and provide supporting documentation (to include but not limited to:)

- Permit - copy of the original permit and replacement permit number, payment receipt,
- W-9 (for US Customers) or W-8 (for Canadian Customers) (Required for cash and check payments only.)
- IRP - copy of the Invoice(s), Cab Card(s), W-9 (for US Customers)

Submit the refund information: Email: mdtmcsrevenue@mt.gov OR

MDT Motor Carrier Services Division / PO Box 4639 / Helena MT 59604-4639



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Refund Requirements

Refunds may only be approved by the Motor Carrier Services office.

When Permit or IRP money(s) can be refunded. Accordingly, the following policy will be followed:

Permits and / or IRP Credentials are ordered with the intent they will be used. The appropriate authority must approve all refunds. This authority is the Motor Carrier Services License and Permit Supervisor or Bureau Chief.

Reasons for Denial of Refund.

In those instances, where the applicant, after obtaining a permit, decides not to use it or because of circumstances beyond the applicant's control cannot use it, are not eligible for refund. Examples not eligible would include but not be limited to road closures, weather conditions, cancellation of move by shipper, or equipment failure.

Refund Application.

Refund Applications must be submitted on this MCS Form.

The form is available online at: <http://www.mdt.mt.gov/publications/forms.shtml#refunds>

The application must be filled out in its entirety and signed by all applicable parties, third parties ordering permits on behalf of a company must also have the company signature, failure to provide applicable signatures will not be processed. It must show the permit number being requested for refund, the date it was issued, the permit number of the replacement permit (if applicable), the name of company or individual the permit was issued to, and the complete mailing address. (Checks will be made out to the Carrier the permit was issued to unless otherwise approved).

Requests for refunds must be submitted and received by the MCS Office within forty-five days of permit issuance. MCS does not refund permits that have become active. Those applications received later than forty-five days will be returned to the application and refunds will be denied. The application is required to give a detailed explanation for the refund request. If more space is required, the applicant may use a plain sheet of paper to complete the explanation.

Refund Reconsideration Process

If an application for refund is denied, the applicant may submit a reconsideration request to the Motor Carrier Services Division. The request shall be made in writing and received within ten working days of receipt of refund disapproval. All extenuating circumstances must be given for why the original disapproval should be reversed.

Reviewed By:	<input type="text"/>	Date:	<input type="text"/>	Transaction ID:	<input type="text"/>
<input type="radio"/> Approved <input type="radio"/> Denied				Refund Amount:	<input type="text"/>
Comments:	<input type="text"/>			PayZang Surcharge:	<input type="text"/>
				Total Refund:	<input type="text"/>
Approved for payment by MCS Accountant:	<input type="text"/>			Date:	<input type="text"/>