



# GEORGIA

DEPARTMENT OF NATURAL RESOURCES

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## WILDLIFE RESOURCES DIVISION

### Refund Request

Fees are refundable under limited circumstances. Refer to WRD policy for explanations & limitations. Refunds will be made in the same manner as paid (credit card = credit card reversals; check or cash = refund by check). Allow 45 days for processing.

Name (First Middle Last)		Date of Birth Month/Day/Year ____/____/____		
Street Address		City		State
Zip				
Email Address	Work Telephone	Home Telephone	Date of Original Transaction	
Vessel Registration # or Document # (if applicable)	Paid By <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card ----- <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			Total Refund Requested \$ _____
Exact Name on Credit Card If Paid by Credit Card		First Four / Last Four Digits Only of Credit Card _____/____		
Reason for Refund Request (Include the names of anyone erroneously charged for a license or other service)				
_____ _____ _____				
I certify that I or another person have: 1. Not hunted/fished under authority of the license for which a refund has been requested and will not use such license or a copy of the license now or in the future; 2. Not used the boat registration privilege for which a refund has been requested and will not do so now or in the future; 3. Have not used and will not use any other service or privilege for which I or another receives a refund. I understand that should any license or vessel registration be refunded and voided, should I or another person hunt/fish under this voided license or use the voided vessel registration or another copy of the license(s)/registration, this will constitute a violation of Georgia law, subject to fine, imprisonment or both.				
Signature _____			Date _____	
<b>Information below to be completed by WRD</b>				
<input type="checkbox"/> Completed by Customer		<input type="checkbox"/> Recommend Approval		Reviewer Signature
<input type="checkbox"/> Completed by WRD		<input type="checkbox"/> Recommend Denial		Date
Approved Amount _____		Justification for Refund <input type="checkbox"/> System Error <input type="checkbox"/> Did not receive a product <input type="checkbox"/> Overpayment <input type="checkbox"/> Other _____		Justification for Denial
Fund Source _____				
Control # (if used)	Supervisor Approval		Date Sent to Cash Mgmt	Date Credit Reversed
By (initials)				

*Mail completed form to: Department of Natural Resources, Attn: Refund Request, 2065 Hwy 278 S.E., Social Circle, GA 30025. If approved, please allow 4-6 weeks for a refund check to reach you. A credit will be applied to your credit card account within 2 to 4 weeks upon receipt and approval.*