

State of Vermont
DEPARTMENT OF MOTOR VEHICLES
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Agency of Transportation

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ADDITIONAL INSTRUCTIONS FOR APPLICANT:

When you submit this application for tax exemption you must also submit one of the following:

- A statement of eligibility from an automotive dealer specifying your vehicle has been adapted for your use, **OR**
- A statement of eligibility from an automotive dealer specifying your vehicle is equipped with a mechanical lifting device.

NAME OF APPLICANT *(Print or Type)*

SOCIAL SECURITY NUMBER OF APPLICANT

DATE OF BIRTH OF APPLICANT

PLATE # ON APPLICANT'S VEHICLE

The individual above (or their parent/guardian) has requested an exemption from payment of Purchase & Use Tax under the provisions of Title 32, V.S.A., §8911(12).

I, _____, hereby certify
Physician's Name *(Please type or print legibly)*
that the applicant has a permanent disability that:

- involves the loss of the effective use of an arm, hand, leg, or foot to such an extent that altered controls are required in order to operate a motor vehicle safely.

OR

- requires installation of a mechanical lifting device to enable the individual to enter and exit the vehicle.

PHYSICIAN'S SIGNATURE

LICENSED IN STATE OF

LICENSE NUMBER

DATE

PHONE NUMBER