



**Tazewell County**  
**Commissioner of the Revenue**  
 "Your Voice for Our Future"

**CERTIFICATION FOR CLASSIFICATION OF VEHICLES OWNED BY  
 VOLUNTEER RESCUE SQUAD & FIRE DEPARTMENT MEMBERS**

Office of the Commissioner of Revenue  
 101 E Main St Ste 201 Tazewell VA 24651-1071  
 Tel: (276) 385-1235 Fax: (276) 988-5221  
 Email: [cestep@tazewellcounty.org](mailto:cestep@tazewellcounty.org) or [rrichardson@tazewellcounty.org](mailto:rrichardson@tazewellcounty.org)

----- FILE BY JANUARY 31 -----

Owner \_\_\_\_\_ Co-Owner \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**VEHICLE INFORMATION:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 VIN# \_\_\_\_\_ Title# \_\_\_\_\_ License# \_\_\_\_\_

Leasing Company if Leased \_\_\_\_\_

Name of Volunteer Organization \_\_\_\_\_

I hereby certify that I am an active member of a volunteer rescue squad or volunteer fire department that regularly responds to emergency calls or regularly performs other duties for the rescue squad or fire department, has been active for a minimum of 2 years prior to this application without receiving any compensation for my duties, ( fire fighters only) that I am listed as such on the roster that is maintained pursuant to the Virginia Code in the Tazewell County Circuit Court, I am not delinquent on any real or personal property taxes in Tazewell County and am certified as required by the Tazewell County Emergency Services Coordinator. I understand that the penalty for filing a false return is a Class 1 Misdemeanor.

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Received Date: \_\_\_\_\_

**Commissioner Use Only**

Tax reduction approved COR \_\_\_\_\_ Date: \_\_\_\_\_

Tax reduction denied COR \_\_\_\_\_ Date: \_\_\_\_\_



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### CERTIFICATION OF SQUAD PRESIDENT/FIRE CHIEF

Name of Applicant \_\_\_\_\_

Date of Membership of Applicant \_\_\_\_\_ Member # \_\_\_\_\_

Date of Certification \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name of Squad President/Fire Chief \_\_\_\_\_

Organization Address \_\_\_\_\_

Organization Phone \_\_\_\_\_ Fax \_\_\_\_\_

I certify that the above person is an active member of this organization, is in good standing, regularly responds to calls or regularly performs other duties for this organization associated with their volunteer membership without compensation, is certified as required by the Tazewell County Emergency Services Coordinator and is included on his or her department's roster, in the case of fire fighter, which is filed with the Tazewell County Circuit Clerk's office. I affirm that this information is correct to the best of my knowledge. I understand that the penalty for filing a false return is a Class 1 Misdemeanor.

\_\_\_\_\_  
Signature Squad President/Fire Chief

\_\_\_\_\_  
Date