



**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  
 135 Court St Ste 301 Tazewell VA 24651-0020  
 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 MARCH 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: \_\_\_\_\_

