	HAVE A 10	DAV	ID R. ANDERS 135 TAZEN PHO FA EMAIL: <u>dan</u> TAX EXEMPT CONNECTEL	ON, COMM COURT ST WELL VA ONE: (276) X: (276) nderson@ta TION APPI D, PERMA	24651-0020 385-1235 988-5221 <u>zewellcounty.org</u> LICATION FOR VETERA NENT, AND TOTAL DISA	ABILITY OR	
					NDIVIDUAL UNEMPLOY and Code of Virginia 58.1-3	ABILITY 668. Motor Vehicle of a disable	ł
>Vet indi >The Arm >Per hav stru >Any 100 >This late APPLI >App >Cer >Pho	vidual unemployabi e one motor vehicle in ned Forces of the Uni Section 46.2-100 of ing a registered gross incture independent of y such motor vehicle of s application shall be sr, but shall not be ap CATION REQUIREN plication from Tazev	lity due to service-cr cludes only a passent ted States or the Virginia: s weight of 7,500 pour any other vehicle, an owned by a married p , totally and permane applicable on the date oblicable for a period of IENTS: rell County complete the Department of N	onnected disability ger car or pickup/par inia National Guard. "Pickup or panel truc ods or less or (ii) even d having a registered erson may qualify if ntly disabled. e the motor vehicle is f time prior to the effor ed and signed by Ve	. (TDIU) nel truck (see du ck" means (i) ev ry motor vehicl d gross weight i either spouse is s acquired or th ective date. eteran.	nt and Total Disability or total 100 efinition below) owned and used prim ery motor vehicle designed for the tra e registered for personal use, designe n excess of 7,500 pounds but not in e a Veteran of the Armed Forces or Vi e effective date of this amendment to 100% Service-Connected, Perman	arily by or for a Veteran of the ansportation of property and ed to transport property on its own excess of 10,000 pounds. rginia National Guard who is	
			APPL		ORMATION		
NAME OF VETERAN (LAST, FIRST, MIDDLE) RECEIVED 100% RATING MONTH/DATE/YEA					SOCIAL SECURITY #	TELEPHONE/CELL #	
NAME OF SPOUSE if applicable (LAST, FIRST, MIDDLE)					SOCIAL SECURITY #	TELEPHONE/CELL #	
	11		REGARDING V	EHICLE FO	R WHICH YOU ARE SEEK	ING TAX EXEMPTION	
Year		Make		Model		Last 4 of VIN	
		<b>I</b>		I CERTIFICA	TION		
I CERTIFY, UNDER PENALTIES PROVIDED BY LAW, THE INFORMATION AND ACCOMPANYING DOCI ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AFFIF RESPONSIBILITY TO REPORT TO THE COMMISSIONER OF REVENUE ANY CHANGES IN PRINCIPAL OWNERSHIP OF PERSONAL PROPERTY, DISABILITY STATUS, OR OTHER INFORMATION RELATING TAX EXEMPTION.							
REV 2023	SIGNATURE OF VETERAN Email Address:				DATE		
	SIGNATURE OF POWER OF ATTORNEY (INCLUDE POA & PHOTO ID) DATE						
	PRIVACY ACT NOTICE: DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER ON THIS FORM IS MANDATORY AS AUTHORIZED BY VIRGINIA STATE CODE 58.1- 3017. SOCIAL SECURITY NUMBERS ARE REGARDED AS CONFIDENTIAL, AND EXCEPT AS OTHERWISE PROVIDED BY LAW, THOSE NUIMBERS WILL NOT BE DISCLOSED FOR ANY OTHER PURPOSES.						