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DISABLED VETERAN MOTOR VEHICLE EXEMPTION  
CERTIFICATION

Veteran's  
Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
\_\_\_\_\_

Vehicle:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN #: \_\_\_\_\_

Title #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

\*It is the responsibility of the veteran to notify the Commissioner of any changes affecting the exempt vehicle.

Code of Virginia § [58.1-3668](#). *Motor vehicle of a disabled veteran*

General Eligibility Requirements

- Letter from the Department of Veterans Affairs stating that the veteran has a 100 percent service-connected, permanent, and total disability and the date that this was determined.
- Only one motor vehicle owned and used primarily by or for disabled veteran shall be exempt.
- This exemption shall be applicable beginning on the date the motor vehicle is acquired or January 1, 2021, whichever is later, and shall not be applicable for any period prior to January 1, 2021.
- This exemption shall expire on the date of the disabled veteran's death and shall not be available for the surviving spouse.

I hereby certify that this is my primary vehicle and the information above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Personal Property Account Number	Application Received Date	Exemption applied Yes or No	Initial & Date