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Chesterfield County

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**100% DISABLED VETERAN
MOTOR VEHICLE EXEMPTION APPLICATION**

Veteran's Name: _____ *Social Security # _____
Last First Middle

Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Permanent disability effective date determined by Department of Veterans Affairs: ____/____/____

**Code of Virginia § 58.1-3017. Disclosure of the social security number of a taxpayer is required for local tax administration purposes, including verification of the identity of any individual. Such numbers shall be regarded as confidential tax information.*

Veteran's Primary Use Vehicle:

Year: _____ Make: _____ Model: _____

VIN #: _____ Title #: _____

Name(s) on Title: _____

Is this a change from a previously exempted vehicle? Yes No

I declare, under penalties provided by law, this motor vehicle is used by or for the qualifying veteran and this affidavit has been examined by me and to the best of my knowledge is true, correct and complete. I will notify the office of the Commissioner of the Revenue of any changes affecting this vehicle.

Veteran's signature: _____ Date: _____

GENERAL INFORMATION & REQUIREMENTS FOR ELIGIBILITY

- The veteran must have a **100% service-connected, permanent, and total disability** rated by the U.S. Department of Veteran Affairs.
- Exemption is granted on one (1) motor vehicle (passenger car or a pickup or panel truck) owned and used primarily by or for a veteran of the Armed Forces of the United States or the Virginia National Guard.
- Any such motor vehicle owned by a married person may qualify if either spouse is rated as 100% disabled.
- 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 of time 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.

INSTRUCTIONS

1. Attach a current benefits letter from the U.S. Department of Veterans Affairs stating you have a **100% service-connected, permanent, and total disability** with the **effective date** that this was determined.
2. Attach a copy of your driver's license to verify your identification.
3. Attach a copy of your marriage license if you have a co-owner on your vehicle's title and registration. The co-owner must be your spouse to qualify for an exemption.
4. This application may be submitted by mail, email or in-person by **appointment only**. A letter confirming receipt of your application will be mailed within three weeks of receipt.

IMPORTANT

This application is subject to audit for up to three years after the year filed. Any corrections will be made by the Commissioner of the Revenue's office during this period, which can change exemption amounts for prior years.

Applicants will remain liable for all taxes due until they are notified of their approval in writing by the Chesterfield County Commissioner of the Revenue.