

Jenefer S. Hughes,  
MBA, ACA, MDCR  
Commissioner

Gloria House, MPA,  
MDCR  
Chief Deputy Commissioner

# COMMISSIONER OF THE REVENUE

## Chesterfield County

P.O. Box 124  
Chesterfield, Virginia 23832-0908  
(804) 748-1281 Fax (804) 768-8649

[www.chesterfield.gov/comrev](http://www.chesterfield.gov/comrev) [cor@chesterfield.gov](mailto:cor@chesterfield.gov)



### VOLUNTEER CERTIFICATION

(Form must be submitted by January 31<sup>st</sup>)

**Tax Year:** \_\_\_\_\_

**Select One:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fire Department   | <input type="checkbox"/> Volunteer Rescue Squad    | <input type="checkbox"/> Auxiliary Police       |
| <input type="checkbox"/> Auxiliary Sheriff | <input type="checkbox"/> Auxiliary Fire Department | <input type="checkbox"/> Auxiliary Rescue Squad |

### Owner and Vehicle Information

_____		
Volunteer Member Name	Social Security Number	
_____		
Name of co-owner (if applicable)	Co-owner Social Security Number	
_____		
Volunteer Member Address		
_____		
City	ST	Zip
_____		
Phone	Email	
_____		
Vehicle Year	Make & Model	
_____		
VIN#	Title#	
_____		

### Eligibility Requirements

1. Must be an active volunteer member as of January 1<sup>st</sup> of the current tax year.
2. Must be the registered owner or co-owner of the vehicle used regularly in performance of volunteer duties.
3. Vehicles leased by volunteer will qualify only if volunteer is obligated by the terms of the lease to pay personal property taxes on the motor vehicle and that vehicle is used regularly in the performance of volunteer duties.
4. Must be current on all Personal Property Taxes.
5. To qualify, certification form must be received in the Commissioner's Office by January 31<sup>st</sup> of the filing year. Any filings after that date will go under review by the Commissioner.
6. If a volunteer member is in the same household, no more than two special classifications will be allowed for any given tax year.
7. If the vehicle is sold/traded in for a new vehicle during the tax year, the volunteer must complete and submit a new certification form to the Commissioner's Office.

### Certification

**I certify that the above-referenced volunteer is a member of this organization, in good standing, and has regularly responded to emergency calls or performed other duties for the organization during the previous calendar year using the vehicle listed above. I attest that this individual meets the requirements of Section 9-57 and Section 13-51 of the Chesterfield County Code of Ordinances and is entitled to the special taxation provisions of the code, including the registration fee waiver. I further affirm that this information is true and correct to the best of my knowledge.**

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Must be signed by Volunteer District Chief, President, or Head of Fire/Rescue Squad)**

**NOTE: Cannot sign for yourself or family member**

<b>For Office Use Only</b> Acct#:
--------------------------------------