DMV-66-TR
Rev. 11/89

DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
BUILDING 3, STATE CAPITOL COMPLEX
CHARLESTON, WEST VIRGINIA 25317

DISABLED VETERANS EXEMPTION STATEMENT

I, the undersigned, do hereby certify that I am, t the best of my knowledge and belief, eligible for exemption from payment fo a vehicle registration fee under the provisions of Section 8, Article 8, Article 10, Chapter 10, Chapter 17A, of the Code of West Virginia, 1931, as amended by Acts of the Legislature, Regular Sessions 1955 and 1978. I meet the eligibility requirements by virtue of the following (check whichever is applicable):

_____ I have received a grant from the Federal Government to be applied toward the purchase of a vehicle under the provisions of PL 663-79, PL 187-82, or PL 77-90, Congress of the United States. I certify that the vehicle for which I claim exemption from registration fees will not be used for hire.

_____ I have a one hundred percent (100%) total and permanent service-connected disability as rated by the Veteran's Administration. I certify that the vehicles for which I claim exemption from registration fees will not be used for commercial purposes.

I understand that this claim for exemption from payment of registration fees does not entitle me to exemption from payment of the tax imposed upon the priviledge of effecting the certification of title of my vehicle, nor the payment of the five dollwr ($5.00) charge for the Certificate of Title evidencing ownership of the vehicle for which exemption from payment of registration fee is claimed. Only one disabled veteran plate issued per veteran.

I hereby consent to have the pertinent information from my VA records released to the Department of Veterans' Affairs and to the Department of Motor Vehicles.

VA File Number: _____ _____
(Signature of Veteran)

Date Signed: _____ _____
(Street or Box Number)

_____
(City) (County) (State)

Records of the Veteran's Administration show that the above-named veteran (check one):

_____ Has received a vehicle grant under PL 663-79, PL 187-82, or PL 77-90

_____ Has been determined to have a one hundred percent (100%) total and permanent service-connected disability.

Date Signed: _____ _____
(Signature of VA Regional Officer – Title)

_____
(Address of VA Office having custody of records)

TO: West Virginia Department of Motor Vehicles Date: _____

I certify that the above-named veteran is eligible for exemption from the payment of registration fees as authenticated by the VA Regional Officer, above.

NOTE: PREPARE IN DUPLICATE!!

_____
Director, W. Va. Department of Veterans' Affairs

Insurance Certificate and Personal Property Tax Receipt Required. Fee: $1.50