# CHESTERFIELD COUNTY VOLUNTEER VEHICLE CERTIFICATION

# FOR SPECIAL TAXATION RATE AND REGISTRATION FEE WAIVER

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|---|---|
| VOLUNTEER MEMBER / REGISTERED OWNER'S NAME | SOCIAL SECURITY NUMBER |
| VEHICLE CO-OWNER'S NAME | SOCIAL SECURITY NUMBER |

| | | |
|---|---|---|
| VEHICLE MAKE & YEAR | IDENTIFICATION NUMBER | STATE LICENSE NUMBER |

| | |
|---|---|
| MEMBER'S SIGNATURE | DATE |

## CERTIFICATION

I certify that the above-referenced volunteer is a member of this organization in good standing, **has regularly responded to emergency calls or regularly performed other duties for the organization during the ENTIRE previous calendar year, and the vehicle listed above was regularly used to respond to such calls or to perform other duties by the member.** I attest that this individual meets the requirement of Section 9-57 and Section 13-51 of the Code of the County of Chesterfield and is entitled to the special taxation provision of the code and no vehicle registration fee. I further affirm that this information is correct to the best of my knowledge.

**Name of Volunteer Organization**

___ Volunteer Fire Department ___ Auxiliary Fire Department

___ Volunteer Rescue Squad ___ Auxiliary Rescue Squad

___ Auxiliary Police ___ Auxiliary Police Chaplain

| | | | |
|---|---|---|---|
| Signature: | Fire Department: | District Chief; Volunteer Coordinator | Date |
| | Rescue Squad: | President; Head of Volunteer Squad | |
| | Police Department: | Chief; Auxiliary Liaison | |

**THIS FORM MUST BE FILED WITH THE COMMISSIONER OF THE REVENUE BY JANUARY 31.**

**ALL VOLUNTEERS LEASING A VEHICLE WILL NEED TO SUBMIT A COPY OF THEIR LEASE CONTRACT ALONG WITH THIS FORM.**

**A NEW FORM MUST BE FILED IF THE ABOVE VEHICLE IS REPLACED DURING THE YEAR.**

**COMMISSIONER'S OFFICE USE ONLY**

Tax reduction approved Date: _____

Tax reduction denied Date: _____

REV 11/06