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Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

PURCHASER'S STATEMENT OF TAX EXEMPTION

Purpose: Use this form to certify that a motor vehicle is exempt from Virginia Motor Vehicles Sales and Use Tax.

Instructions: The applicant must complete all sections of this form. Mail completed form to the Titling Work Center at the address above or present to any DMV Customer Service Center (CSC) or DMV Select.

VEHICLE INFORMATION			
SELLER NAME (last)		(first)	(mi) (suffix)
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE IDENTIFICATION NUMBER

STATEMENT OF EXEMPTION
<p>In order to obtain a title for the vehicle herein described, in accordance with all applicable statutes and administrative rules and regulations adopted by the Commissioner in pursuance thereof, I/we do hereby certify that the above described motor vehicle is exempt from the Virginia Motor Vehicle Sales and Use Tax for the following reasons:</p> <div style="text-align: center; background-color: yellow; width: 200px; height: 80px; margin: 10px auto;"></div> <p>as provided by Va. Code § 58.1-2403 or constitutional amendment (insert applicable paragraph number from page 2)</p>

RECIPIENT OF VEHICLE AS A GIFT (if applicable)		
<p>IMPORTANT NOTE: Only those applicants that listed paragraph 7 from page 2 of this form, as the reason for exemption from the Virginia Motor Vehicle Sales and Use Tax should complete this section. As used here, "son", "daughter" or "parent" includes only biological and adopted children and parents.</p> <p>As the recipient of this vehicle as a gift, I am the (check one) <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> PARENT of the transferor.</p>		
APPLICANT FULL NAME		
APPLICANT ADDRESS		
CITY	STATE	ZIP

CERTIFICATION			
<p>I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p>			
APPLICANT NAME (last)	(first)	(mi)	(suffix)
APPLICANT SIGNATURE	DATE (mm/dd/yyyy)		
NAME OF CITY OR COUNTY	STATE		
<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY			