

**MISCELLANEOUS CERTIFICATIONS**  
 Complete the appropriate section(s) and sign in Section F.

LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE
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**SECTION A — CERTIFICATION FOR DISABLED VETERAN LICENSE PLATES**

**Disabled Veteran Only (California Vehicle Code (CVC) §9105)**

I understand that disabled veteran exempt registration is valid for one vehicle only. I own the above described vehicle that is not used for transportation for hire, compensation, or profit. The unladen weight of the vehicle is less than 8,001 pounds (commercial vehicle only).

I am a disabled veteran who, as a result of injury or disease suffered while on active service with the armed forces of the United States, suffers from the following disability(s) - Check appropriate box(es):

- I have a disability which has been rated at 100% by the United States Department of Veterans Affairs, due to a diagnosed disease or disorder which substantially impairs or interferes with my mobility.
- I am so severely disabled as to be unable to move without the aid of an assistant device.
- I have, or have lost the use of, one or more limbs.
- I have suffered permanent blindness, as defined in Section 19153 of the *Welfare and Institutions Code*.

I am submitting the required medical certification or documentation (see other side), which certifies I meet the definition of a disabled veteran under CVC §295.7.

**SECTION B — TAIPEI ECONOMIC AND CULTURAL OFFICE (TECO) REVENUE AND TAXATION CODE (RTC) §10781**

- As required, attached to this application are photocopies of a Tax Exemption Card issued by the Board of Equalization and an ID card issued by the Department of State.

**SECTION C — INDIAN CERTIFICATIONS—Indians residing on a federally recognized indian reservation or rancheria. CVC §9104.5 and RTC §10781.1**

Indian-owned vehicles driven on public highways are **exempt from license fees only**. Tribal owned vehicles used exclusively within the boundaries of their tribe are **exempt from weight and license fees**.

- I am a member of the \_\_\_\_\_ tribe and living on the \_\_\_\_\_ federal reservation or rancheria.
- This vehicle will be registered to the \_\_\_\_\_ tribe and
- will**  **will not** be used exclusively within tribal boundaries.

Residency must be verified by an authorized member of the tribal council or an official of the Bureau of Indian Affairs, U. S. Government. Signature and residence verification is acceptable on tribal letterhead.

AUTHORIZED SIGNATURE <b>X</b>	TITLE	DATE
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**SECTION D — STOLEN OR EMBEZZLED VEHICLE CERTIFICATION**

I am the owner or title holder of the vehicle described above which was stolen/embezzled on or about \_\_\_\_\_ DATE \_\_\_\_\_.

This is what happened: \_\_\_\_\_  
 \_\_\_\_\_ I reported

the theft/embezzlement to \_\_\_\_\_ POLICE AGENCY \_\_\_\_\_. I was not in possession of this vehicle when the renewal fees became due.

The police agency recovered the vehicle on \_\_\_\_\_ DATE \_\_\_\_\_ and I took possession of the vehicle on \_\_\_\_\_ DATE \_\_\_\_\_.

**SECTION E — CERTIFICATION OF VEHICLE FOR HUMAN HABITATION**

**Definition:** Human habitation is living space which includes, but is not limited to: closets, cabinets, kitchen units or fixtures, and bath or toilet rooms.

- This is a new vehicle manufactured for human habitation.
- This is a new vehicle that was modified for human habitation by a licensed van converter.
- This vehicle was permanently modified (  camper attached  converted to motorhome.) The modification was completed on \_\_\_\_\_ DATE \_\_\_\_\_.

1. Cost of the complete vehicle before it was modified: ..... \$ \_\_\_\_\_
2. Cost of changes, including labor: ..... \$± \_\_\_\_\_
3. Total value: ..... \$= \_\_\_\_\_

**SECTION F — APPLICANT SIGNATURE**

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

SIGNATURE <b>X</b>	DATE	TELEPHONE NUMBER (     )
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## REQUIREMENTS FOR DISABLED VETERAN LICENSE PLATES

**INSTRUCTIONS:** In order to qualify for exempt registration benefits for one vehicle and Disabled Veteran License Plates, an eligible disabled veteran must submit the following to the Department of Motor Vehicles:

- 1) A completed and signed **Miscellaneous Certificate**, (DMV Form REG 256A with section A and F completed).
- 2) A copy of proof of true full name and date of birth. A valid driver license (DL) or identification (ID) card is acceptable, as is any document necessary to apply for a California DL or ID card.
- 3) One of the following required documentation:
  - a) The medical certification below, completed and signed by one of the medical professionals indicated.
  - b) A certification completed and signed by a County Veterans Service Officer that certifies the applicant is a disabled veteran as described in *California Vehicle Code (CVC) §295.7*.
  - c) A certification completed and signed by an authorized representative of the Department of Veterans Affairs (CalVet) that certifies the applicant is a disabled veteran as described in CVC §295.7.
  - d) A certification completed and signed by an authorized representative of the United States Department of Veterans Affairs that certifies the applicant is a disabled veteran as described in CVC §295.7.

**Submit all required documentation by mail to DMV at:**

**Department of Motor Vehicles  
Special Processing Unit, MS D238  
P.O. Box 932345  
Sacramento, CA 94232-0001**

## MEDICAL CERTIFICATION FOR DISABLED VETERAN LICENSE PLATES

This is to certify that \_\_\_\_\_ is a disabled veteran as defined in CVC §295.7 and as a  
VETERAN'S NAME  
result of injury or disease suffered while on active service with the armed forces of the United States suffers from the following disability(s) - Check appropriate box(es):

- Has a *disability which has been rated at 100%* by the United States Department of Veterans Affairs or the military service from which the veteran was discharged, due to a diagnosed disease or disorder which substantially impairs or interferes with mobility.
- Is so severely disabled as to be unable to move without the aid of an assistant device.
- Has lost, or has lost use of, one or more limbs.
- Has suffered permanent blindness, as defined in Section 19153 of the *Welfare and Institutions Code*.

I certify that I, \_\_\_\_\_, am a (check one)

- DOCTOR/PRACTITIONER'S NAME
- Physician                       Surgeon                       Chiropractor                       Podiatrist
- Optometrist                       Physician Assistant                       Nurse Practitioner                       Certified Nurse-Midwife

***I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct. I further certify that information sufficient to substantiate this certification shall be retained and made available for inspection by the Medical Board of California or the appropriate regulatory board at the department's request. (CVC §5007).***

EXECUTED AT (CITY/STATE)

DATE

MEDICAL PROVIDER SIGNATURE

**X**

MEDICAL LICENSE NUMBER

MEDICAL PROVIDER ADDRESS

CITY

STATE

ZIP CODE