



**COUNTY OF HENRICO  
DEPARTMENT OF FINANCE  
VEHICLE SECTION  
P O BOX 90775  
HENRICO VA 23273-0775**

**APPLICATION FOR REDUCED TAX RATE FOR VEHICLES SPECIALLY  
EQUIPPED FOR TRANSPORTING PHYSICALLY HANDICAPPED  
INDIVIDUALS**

Owner(s) name as registered at DMV: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ \*Owner's SSN: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Type of Equipment Installed:  
(Copy of original invoice for modification must be attached, including cost.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this vehicle used for business use? Yes / No  
(Circle One)

If so, what percentage: \_\_\_\_\_ %

Owner's Signature: \_\_\_\_\_

\*Disclosure of your Social Security Number ("SSN") is mandatory. Va. Code § 58.1-3017 authorizes the Finance Department to require this information. SSNs are used as a means of identification, to facilitate tax collection, and to provide refunds.