STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

MISCELLANEOUS CERTIFICATIONS

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

LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE

SECTION A — DISABLED VETERAN CERTIFICATION

Check the appropriate box. Documentation is required. (*See other side.*)

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

Disabled veteran exempt registration is valid for one vehicle only. The vehicle may not be used for transportation for hire, compensation, or profit. If a commercial vehicle, unladen weight must be less than 8,001 pounds.

As a disabled veteran (CVC §295.7) who, as a result of injury or disease suffered while on active service with the armed forces of the United States, **I am submitting a United States Department of Veterans Affairs letter stating my service connected disabilities and the attached Medical Certification showing that:**

- ☐ I am rated as 100% disabled 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 lost or lost the use of, one or more limbs.
- ☐ I have suffered permanent blindness, as defined in §19153 of the *Welfare and Institutions Code*.

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	TITLE	DATE
X		

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: ..... $= $ 0.00

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	DATE	TELEPHONE NUMBER
X		( )

Print Clear Form

REQUIREMENTS FOR DMV DISABLED VETERAN BENEFITS

INSTRUCTIONS: In order to qualify for exempt registration benefits for one vehicle and disabled Veteran License plates, a Veteran must present all of the following to the DMV:

1. Completed and signed Miscellaneous Certifications (DMV Form REG 256A).
2. A letter obtained by the Veteran specifically for the Disabled Veterans License Plate program (PCGL LTR 112) from a U.S. Department of Veterans Affairs (VA) Regional Office that states the Veteran's service-connected disabilities. The Veteran may obtain this letter by visiting a County Veterans Service Office (CVSO) or a CalVet District Office and request the letter to be mailed to them. Locate your closest CVSO or CalVet District Office at ***www.calvet.ca.gov***.
3. The medical certification below, completed by one of the medical professionals indicated.
4. Submit all required documentation to a local DMV field office, or 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 REG 256A SECTION A ONLY

This is to certify that _____ meets the qualifications of a disabled veteran, according to
(Veteran's Name)
the attached VA letter and provisions of *California Vehicle Code* (CVC) §295.7, as identified below (check one or more boxes):

☐ Has a disability which has been rated at 100 percent by the 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; or

☐ Has suffered permanent blindness, as defined in §19153 of the Welfare and Institutions Code.

I certify that I, _____ , am a (check one)

☐ 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 also certify that information sufficient to substantiate this certification shall be retained and made available for inspection by the Medical Board of California at the Department's request. (CVC §22511.55).

EXECUTED AT (*CITY/STATE*) | DATE

MEDICAL PROVIDER SIGNATURE

X

MEDICAL LICENSE NUMBER

MEDICAL PROVIDER ADDRESS | CITY | STATE | ZIP CODE

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