



COUNTY OF GLOUCESTER, VIRGINIA
Jo Anne Harris, Commissioner of the Revenue
6489 Main Street, Suite 137
Gloucester, VA 23061
Phone: 804-693-3451 Fax: 804-824-2467
www.gloucesterva.info/cor

Tax Year:

VOLUNTEER CERTIFICATION
(FORM MUST BE SUBMITTED BY JANUARY 31ST)

ELIGIBILITY REQUIREMENTS:

1. Responded regularly to emergency calls or performed other duties for the organization.
2. Must be an active volunteer member as of January 1st of the current tax year in good standing.
3. Must be the registered owner or co-owner of the vehicle used regularly in performance of volunteer duties.
4. Vehicles leased by volunteer will qualify only if volunteer is obligated by the terms of the lease to pay personal property taxes on the motor vehicle and that vehicle is used regularly in the performance of volunteer duties.
5. Must be current on all Personal Property Taxes.
6. To qualify, certification form must be received in the Commissioner's Office by January 31st of the filing year. Any filings after that date will go under review by the Commissioner.
7. If a volunteer member is in the same household, no more than two special classifications will be allowed for any given tax year.
8. If the vehicle is sold/traded in for a new vehicle during the tax year, the volunteer will report the new vehicle on the certification for the following tax year.

APPLICANT INFORMATION

Volunteer Member Name (<i>Last, First, Middle Initial</i>):	Social Security No.:	Telephone No(s):
Name of Co-Owner (<i>Last, First, Middle Initial</i>):	Social Security No.:	E-mail:
Volunteer Member Address:		
Name of Volunteer Organization:		

INFORMATION REGARDING VEHICLE FOR WHICH YOU ARE SEEKING TAX EXEMPTION

YEAR:	MAKE:	MODEL:
TITLE NUMBER:	PLATE NUMBER:	VIN NUMBER:

CERTIFICATION

The undersigned hereby certifies that he/she is owner of the motor vehicle identified above that He/she hereby requests that said vehicle be specially classified under Virginia Code Section 58.1-3506(A)(16)

Vehicle Owner Signature

Date

FOR MORE INFORMATION, CONTACT:

Office of the Commissioner of the Revenue
Email: cor@gloucesterva.info
Telephone: 804-693-3451
Facsimile: 804-824-2467

Mailing Address: 6489 Main Street, Suite 137
Gloucester, VA 23061
Physical Address: 6489 Main Street, Suite 137
Website: www.gloucesterva.info/cor

Privacy Act Notice: Disclosure of your social security number on this form is mandatory, as authorized by the Virginia State Code, Section 58.1-3017. Social security numbers are regarded as confidential, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose.

**** FOR OFFICE USE ONLY ****

Date Application Received:

Prop ID Number:

Owner(s) of Record:

Qualifies for Reduced Tax Rate: Yes No If no, explain:

Vehicle:

Vehicle Value:

Total Value:

Tax Rate:

PP Exemption Start Date:

Total Taxes:

AMOUNT OF REDUCTION:

Initials: _____

Date: _____