

**APPLICATION FOR EXEMPTION OF CERTAIN MOTOR VEHICLES
SPECIALLY ADAPTED FOR PERSONS WITH DISABILITIES pursuant to CGS §12-81c(3)**

FILING PERIOD: BY NOVEMBER 1 FOLLOWING THE OCTOBER 1 ASSESSMENT DATE

If the vehicle is purchased after October 1 and prior to August 1 must apply within 30 days of the purchase.

Pursuant to the authority granted by CT General Statute §12-81c(3) and adopted as a local ordinance at a Town Meeting on 5/20/2021, I make application for the exemption of one ambulance-type motor vehicle which is used exclusively for the purpose of transporting any medically incapacitated individual. A copy of the ordinance was received by the applicant. I have included proof of the vehicle's eligibility.

Vehicle owner's name _____

Vehicle owner's mailing address _____

Address of location the vehicle most frequently leaves from and returns to in Scotland

Name and Address of person being transported with vehicle _____

Make, Model & Year of vehicle _____

What is the vehicle's registration number _____

What is the VIN _____

Describe special modifications made or equipment added _____

Cost of modifications and equipment (attach invoices) _____

Do you receive payment or services in exchange for transport with this vehicle? Y _____ N _____

Is the disability or incapacitation temporary or permanent (attach statement from a licensed physician that the medical incapacitation or disability is temporary or permanent)?

Temporary _____ Permanent _____

I CERTIFY UNDER THE PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS OF CONNECTICUT GENERAL STATUTES §12-81c(3) AND AM ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN.

Signature of Applicant _____

Date _____

Print Applicant's Name _____

Phone Number _____

For Assessor's Use Only

Proof of the vehicle's eligibility:

_____ 1) Dated copy of the invoice showing modifications made and equipment added

_____ 2) Letter from a physician or a licensed health care professional

_____ 3) Valid special license plate for the disabled issued by the CT DMV

Date Vehicle Inspected _____

Approved Y _____ N _____

Reason for denial _____

Initial Vehicle Assessment _____