

FOR MORE INFORMATION, CONTACT:

Contact Name
Office of the Commissioner of the Revenue
Email: comrevinquiry@bedfordcountyva.gov
Telephone: 540-586-7621
Facsimile: 540-586-6943

Mailing and Physical Address: 122 E. Main St, Ste 103
Bedford, Va. 24523
Website: bedfordcountyva.gov

IMPORTANT INFORMATION

Pursuant to Article X, Section 6-(a) (8) of the Constitution of Virginia, the General Assembly exempted from taxation one motor vehicle owned and used primarily by or for any Veteran who has been rated by the U.S. Department of Veterans Affairs or its successor agency pursuant to federal law to have a 100 percent service-connected, permanent and total disability.

The exemption set forth in this Article shall apply to a motor vehicle owned solely by the veteran or jointly by the veteran and a spouse. The law as passed defines a motor vehicle as only a passenger car or a pickup or panel truck that is registered for personal use.

The veteran claiming the exemption under this Article shall file with the Commissioner of the Revenue an Application, including Certification:

Setting forth the name of the disabled veteran and the name of the spouse (if any) owning the motor vehicle.

The veteran shall also provide documentation from the U.S. Department of Veterans Affairs or its successor indicating that the veteran has a 100 percent service-connected, permanent, and total disability. The veteran shall only be required to re-file the required information if the veteran's motor vehicle changes.

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:	Account number:
Owner(s) of Record:	

Qualifies for Relief: **Yes** **No** **If no, explain:**

Vehicle:			
Vehicle Value:			
Total Value:			
Tax Rate:			
Total Taxes:			
AMOUNT OF RELIEF:			

Initials: _____ **Date:** _____