SPECIALLY ADAPTED VEHICLE EXEMPTION APPLICATION INSTRUCTION:

1. The cost of the special adaptations meets or exceeds 7% of the value of the motor vehicle.
   - The term “special adaptations” includes, but is not limited to: Wheelchair lifts; Wheelchair carriers; Wheelchair ramps; Wheelchair restraints; hand controls; steering devices; extensions, relocations, and crossovers of operator controls; power assisted controls; raised tops or dropped floors; raised entry doors; or alternative signaling devices to auditory signal

2. This exemption applies to not more than one motor vehicle owned and registered for personal, noncommercial use.

3. The completed application should be Notarized, and brought to the Tax Assessor’s Office by December 31st of the previous calendar year of the first billing cycle.

4. The vehicle also must be brought to the Tax Assessor’s Office for a representative of said office to inspect, and confirm the equipment listed as a Special Adaptation.
Date: ___________________  Acct. # _______________________

Name of Register:  _________________________________________

Mailing Address:  __________________________________________  Phone: ______________

Plate: __________________  Make, Model, Year:  _____________________________

Who is the Vehicle adapted for (name & relation):  _________________________________________
Address if different:  ___________________________________________________________________

What special equipment has been installed (describe):______________________________________
_____________________________________________________________________________________

I SWEAR THAT THE FORE GOING INFORMATION IS TRUE, COMPLETE, AND CORRECT.

Signature of vehicle owner:  ________________________________________________

Signature of Disabled Person:  ________________________________________________

Notary:  ________________________________

Subscribed and sworn to me this _________day of______________20______
In the (city/town)___________________or Rhode Island.

Notary Signature:_______________________________________________

My Commission Expires on: ____________
Inspection of Vehicle:  Date:  ________________  Initial:  ______________________________

What was observed:_____________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________