

**KING AND QUEEN COUNTY**  
**COMMISSIONER OF THE REVENUE**

P. O. Box 178  
King and Queen C.H., VA 23085  
Phone: (804)785-5976  
(804)769-5002

**HELEN H. LONGEST**  
Commissioner of the Revenue

**CERTIFICATION OF QUALIFICATION FOR LICENSE TAX EXEMPTION  
OF VEHICLES OWNED BY MEMBER OF VOLUNTEER RESCUE SQUADS & FIRE DEPARTMENTS**

**MEMBER INFORMATION**

Member \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**VEHICLE INFORMATION**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
VIN \_\_\_\_\_ Title# \_\_\_\_\_ License# \_\_\_\_\_  
Name of Owner/Co-owner \_\_\_\_\_

I hereby certify that I am a member of a volunteer rescue squad or volunteer fire department and that I routinely use the vehicle listed above to respond to calls.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION OF SQUAD PRESIDENT/FIRE CHIEF**

I certify that the above is a member of this organization in good standing and the vehicle listed was regularly used to respond to such calls or to perform other duties associated with their volunteer membership. I attest that the above individual meets the requirements of Section 30-132 of the King and Queen County Code and is entitled to the special taxation privileges therein. I further affirm that this information is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Volunteer Organization \_\_\_\_\_

*FOR OFFICE USE ONLY*  
ACCOUNT # \_\_\_\_\_ CLASS CODE \_\_\_\_\_ STATUS CODE \_\_\_\_\_  
REVEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_