

Cover Sheet for Excise Tax Exemption Request

Please make appropriate selection on each row.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle ID Number (VIN)
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle is purchased, not leased
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle is regularly used for transportation of individuals with developmental disabilities
<input type="checkbox"/>	<input type="checkbox"/>	Purchaser has a DDA license Agency Name of DDA Provider
<input type="checkbox"/>	<input type="checkbox"/>	Purchaser is a nonprofit organization Tax Exempt Certificate Number
<input type="checkbox"/>	<input type="checkbox"/>	Purchaser provides direct care services to individuals with disabilities
<input type="checkbox"/>	<input type="checkbox"/>	Purchaser is funded by DDA

Printed Name

Signature of individual completing form

Form must be completed by Provider Agency personnel **only**.
Automobile Dealers may **not** sign this form.