



**Application for Reduced Tax Rate for
Vehicles Specially Equipped for Transporting Physically
Handicapped Individuals**

Owner(s) name as registered at DMV: _____

Year of Vehicle: _____ Make of Vehicle: _____

Purchase Price: _____

Vehicle Identification Number: _____

Type of equipment installed:

(Copy of original invoice for modification must be attached, including cost.)

Is this vehicle used for business use? YES / NO
(Circle One)

If so, what percentage: _____%