



ASSESSOR'S OFFICE
1019 Main Street, Branford, Ct 06405
(203) 488-2039

APPLICATION FOR EXEMPTION FOR SPECIALLY EQUIPPED MOTOR VEHICLES

Application must be filed annually by October 1st

For ambulance-type vehicles used exclusively to transport medially incapacitated individuals for no fee
OR

For any vehicle owned by a disabled person or their guardian, which has been specially adapted to accommodate a person with disabilities.

See attached ordinance for specific definitions and legislation.

Exemption expires when annual application is not made or when vehicle is sold.

New application and inspection required for replacement vehicles.

Title of Ownership: _____

Mailing Address: _____
Number and Street

Town: _____ **State:** _____ **Zip:** _____

Email: _____ **Cell or Home Phone:** _____

Vehicles Garage Location: _____

Vehicle Description: Make: _____ **Model:** _____ **Year:** _____

Vin #: _____ **Handicap Plate #:** _____

Purchase Price: \$ _____ **Date of Purchase:** _____

Did the purchase price include special equipment? Yes: _____ **No:** _____

Was the vehicle modified after purchase: Yes: _____ **No:** _____

List all special equipment and cost: _____

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Is this vehicle used exclusively for transporting a medically handicap person?

Yes: _____ No: _____

Name of Disable Applicant: _____

Relationship of Disabled Person to Title Owner of vehicle: _____

Residence of Handicap Person: _____

Social Security Number of Disabled Applicant: _____

Is this vehicle use for transporting any individual for payment?

Yes: _____ No: _____

With this initial application the following information is mandatory:

- Letter from a physician stating that the applicant is disabled and requires ambulatory modification to vehicle.
- Legal Guardianship documents if applicable.
- Copy of Current Motor Vehicle Registration
- Documents describing the ambulatory modifications attributed to the disabled applicant.
- If this vehicle is sold or replaced you must notify the Assessor's Office with a copy of the Bill of Sale, a plate receipt and information applicable to the replacement vehicle. The Replacement vehicle would need a new application per the town Ordinance.

A person with disabilities means an individual that meets the definition in the ordinance of medically incapacitated individual. However, an individual with a minor non-chronic condition of short duration shall not be considered to be a person with disabilities for the purpose of this application.

Applicant's Signature _____ Date: _____

Title Vehicle Owner Signature: _____

Relationship to Applicant: _____

Approved After Inspection: _____ Date: _____ Grand List Year: _____

Assessor's Signature: _____ Date: _____