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| STATE OF GEORGIA |
| COUNTY OF _____ |

Georgia Veteran's Affidavit for Relief of State and Local Title Ad Valorem Tax Fees

Exemption Verification

| | |
|--------------------------|---|
| <input type="checkbox"/> | Military Disabled-Service Connected: O.C.G.A 48-8-3 (30). The sale of a vehicle to a service-connected disabled veteran where the veteran received a grant from the United States Department of Veterans Affairs to purchase and specially adapt the vehicle to his disability? Attach grant letter from the United States Department of Veterans Affairs |
| <input type="checkbox"/> | Military Disabled-Constitutional Exemption: O.C.G.A 48-5-478. Constitutional Exemption from ad valorem tax for disabled veterans? Attach letter from the United States Department of Veterans Affairs. Designated plate required. |
| <input type="checkbox"/> | Prisoner of War: O.C.G.A. 48-5-478.1. Exemption of certain motor vehicles owned by former prisoners of war or unremarried surviving spouse? Attach Department of Defense Form 214, Military 201 file and sufficient proof of his or her former prisoner of war status. |
| <input type="checkbox"/> | Purple Heart Recipient: O.C.G.A. 48-5-478.2 Veterans awarded Purple Heart exempt from ad valorem taxes? Attach Department of Defense Form 214, Military 201 file or other sufficient proof of the award of the Purple Heart. Designated plate required. |
| <input type="checkbox"/> | Medal of Honor: O.C.G.A. 48-5-478.3. Tax Exemption for veterans awarded Medal of Honor? Attach Act of Congress award of the Medal of Honor, Department of Defense Form 214, Military 201 file, or similar sufficient proof of the award of the Medal of Honor. Designated plate required. |

Vehicle Information

| | | | |
|-----|------|------|-------|
| VIN | Year | Make | Model |
| | | | |

Owner(s) Information

Vehicle Owner(s) Information (must be a citizen and resident of Georgia)

| | | |
|--------------------------|----------------------------|----------------------------|
| Last Name | Driver License/ID Card No. | |
| | | |
| First Name | Initial | License/ID Expiration Date |
| | | |
| Street Number | Street Name | |
| | | |
| Apt. No. (if applicable) | County | |
| | | |
| City | State | Zip Code |
| | | |

Affirmation

I hereby certify that all statements made on this application are true and correct to the best of my knowledge and I understand that any false statement made herein will subject me to the penalties within the applicable state law. I hereby apply for exemption from Title Ad Valorem Tax. No vehicle upon which I claim tax exemption as a veteran was conveyed to me for the purpose of obtaining exemption other than from my spouse.

Signature of Owner _____ Date ____/____/____

This form must be complete and legible. Any alteration or correction voids this form.

County Tag Agent shall retain for audit purposes.