

**CERTIFICATION OF SALE PRICE  
 FOR VEHICLE PURCHASED  
 WITH QUALIFIED EQUIPMENT FOR DISABLED PERSON**

**Purpose:** Use this form to calculate Sales and Use Tax if the total price you paid for your vehicle **included** the cost of qualified equipment installed or added as required by law or regulation so that the vehicle could be operated by a disabled person.

**Instructions:** Complete all sections of this form and submit with Buyer's Order or Bill of Sale.

VEHICLE INFORMATION			
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)
VEHICLE OWNER FULL LEGAL NAME (print) (last)		(first)	(middle) (suffix)

QUALIFIED EQUIPMENT INCLUDED IN VEHICLE SALE PRICE	
TYPE OF EQUIPMENT	PRICE
<b>TOTAL (Use this figure in Line 2 below)</b>	

SALES AND USE TAX CALCULATION	
1. Vehicle Sale Price .....	1. _____
2. Deduct TOTAL of Qualified Equipment from above .....	2. _____
3. Taxable Sale Price (Line 1 MINUS Line 2).....	3. _____
4. 4.15% Sales and Use Tax (Line 3 X .0415).....	4. _____

CERTIFICATION		
<p>I certify that each item described above as qualified equipment included in vehicle sale price is required by law or by regulation to enable the vehicle described above in the "Vehicle Information" section to be operated by a disabled person and that the cost of each said item was included in the sale price of the vehicle.</p> <p>I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p>		
VEHICLE PURCHASER FULL LEGAL NAME	VEHICLE PURCHASER SIGNATURE	DATE (mm/dd/yyyy)