

Vehicle Identification Number

SPECIAL MILITARY EXEMPTION

Month/Year Registration Expires

96-0240 R04/16 azdot.gov

Certain members of the US Armed forces may use this form to apply for a one year exemption from the payment of vehicle license tax and registration fees. The Special Military Exemption is available one time per deployment and may be applied for during the time period between the date of deployment until one year after the deployment ends or the member is released from that duty. This exemption applies to no more than two vehicles, and each vehicle requires a separate exemption form. A spouse, surviving spouse or legally designated representative may request an exemption on behalf of an owner/lessee serving on active duty, or an owner/lessee who died while serving on active duty or remains listed as missing in action. Military orders must be presented at the time of application for the Special Military Exemption.

Make

Year

Service member must meet	all of the qualification	ons listed below:			
I am an Arizona resident.					
I am/was a member of the	US Armed Forces reç	jular component, r	eserve compon	ent or National Guard	d.
I am/was deployed in suppor	rt of a worldwide con	ntingency operation	of the US Arm	ed Forces.	
I am the owner/lessee of th	e vehicle described a	ibove.			
(The Special Military Exemption do	pes not apply when the se	ervice member is on Te	emporary Duty (TD	Y) or Permanent Change o	f Station (PCS).)
Service Member Information	n				
Name (first, middle, last, suffix)				Military Rank	
Military Service Number Branch of Service			Uni	Unit Designation	
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Deployment Date (required)	Deploymer	Deployment End / Release Date (if applicable) *			
Name of Worldwide Contingency	' *If s	surviving spouse or perser/lessee or date listed	sonal representativ as missing in actio	e, enter the date of death on.	of the vehicle
I certify that the statement that I meet all qualifications		-			
Owner/Lessee Signature				Date	
	Acknowledged t	Acknowledged before me this date.			
	Date	County	State	Commission Expires	
I certify that the Service Inf	ormation above is tru	ue, complete and o	correct.		
Printed Name of Commanding Officer or Judge Advocate				Rank and Title	
Signature of Commanding Officer or Judge Advocate				Date	