

FIREFIGHTER, PROFESSIONAL FIREFIGHTER, RESCUE SQUAD LICENSE PLATES VEHICLE REGISTRATION APPLICATION

Purpose: Members of fire services and emergency medical services agencies or auxiliaries use this form to apply for vehicle registration and Firefighter (FD), Professional Firefighter (PF), or Rescue Squad (RS) plates.

Note: You must obtain a Virginia vehicle safety inspection sticker and pay any required local vehicle registration fees to your city or county. For the city of Virginia Beach only, DMV collects local vehicle registration fees.

Instructions: Mail this completed form with a check or money order (made payable to DMV) to the above address, or present this completed form to any DMV Customer Service Center (CSC) or DMV Select.

SECTION 1	(1) REGISTRATION INFORMATION
	Registration Type (check one)
	<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Reissue <input type="checkbox"/> Transfer

SECTION 2	(2) PLATE INFORMATION
	Plate Applied For (check one)
	<input type="checkbox"/> Firefighter (FD) - (Volunteer or Professional) If original registration, complete sections 1 through 4, section 5 if applicable, sections 6, 7, 9 and 10. <input type="checkbox"/> Professional Firefighter (PF) - (Must show IAF card) International Association of Firefighters (IAF) ONLY. Complete sections 1 through 4, section 5 if applicable, sections 6 and sections 8 through 10. NON-IAF members are not eligible for this plate. <input type="checkbox"/> Rescue Squad (RS) If original registration, complete sections 1 through 4, section 5 if applicable, sections 6, 7, 9 and 10.

SECTION 3	(3) OWNER INFORMATION		
	OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
	CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
	NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.		RESIDENCE/BUSINESS JURISDICTION
	OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE ZIP CODE
	CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE ZIP CODE

SECTION 4	(4) ADDITIONAL INFORMATION		
	LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED	IF NEW LOCATION ENTER DATE CHANGED	Are any of the owners/lessees on active military duty or service?
	<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.		
	REGISTRATION MAILING ADDRESS - OPTIONAL	CITY	STATE ZIP CODE

SECTION 5	(5) LEASE INFORMATION (if applicable)		
	LESSEE'S FULL LEGAL NAME (last, first, mi, suffix)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
	LESSEE'S RESIDENCE/BUSINESS ADDRESS	CITY	STATE ZIP CODE

SECTION 6	(6) VEHICLE INFORMATION			
	TITLE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)	CURRENT PLATE NUMBER	EXPIRATION DATE (mm/dd/yyyy)
	YEAR MAKE	MODEL	BODY TYPE	AXLES FUEL
	EMPTY WEIGHT	GROSS WEIGHT	GROSS VEHICLE WEIGHT RATING	GROSS COMBINATION WEIGHT RATING
			VEHICLE COLOR	PRIMARY SECONDARY

(7) FIREFIGHTER/RESCUE SQUAD PLATE CERTIFICATION

You must complete this section if you checked Firefighter plate (FD) or Rescue Squad plate (RS) above. NOT required for plate renewal or reissue.

EMERGENCY MEDICAL SERVICES/FIREFIGHTER AGENCY, SQUAD OR AUXILIARY

As department/squad chief or leader, I hereby certify that the person named in the Owner Information section of this application is currently a member of a volunteer emergency medical services agency/auxiliary, volunteer fire department/auxiliary, or is a professional firefighter.

Check here if the person is a professional firefighter

DEPARTMENT/SQUAD CHIEF OR LEADER NAME (print)

DATE (mm/dd/yyyy)

DEPARTMENT/SQUAD CHIEF OR LEADER SIGNATURE

NOTICE TO DMV UPON SEPARATION

Once certified, the department/squad must retain a copy of this application while the person named in the Owner section remains a member. Upon separation of the person from the department/squad, the department/squad chief or leader must complete this section and send a copy of this signed form to the Department of Motor Vehicles, Special Registration Unit at the address shown on page 1 within thirty (30) days of the separation date

DEPARTMENT/SQUAD CHIEF OR LEADER NAME (print)

DEPARTMENT/SQUAD CHIEF OR LEADER SIGNATURE

SEPARATION DATE (mm/dd/yyyy)

(8) IAF MEMBERSHIP VERIFICATION

You must complete this section if you checked Professional Firefighter plate (PF) above.

Check to indicate presentation of current International Association of Firefighters (IAF) membership card with application. If application is submitted by mail, attach a copy of the front and back of the IAF card to this application.

(9) INSURANCE CERTIFICATION (check only one)

Any person who, with fraudulent intent, makes a false statement on this application will be guilty of a Class 6 felony (Virginia Code § 46.2-605). I/We certify:

This vehicle is insured with liability coverage by a company licensed to do business in Virginia. Coverage must be in effect at the time of application and must remain in effect as long as the vehicle is registered, even if the vehicle is not being driven or is inoperable.

This vehicle is not insured; therefore, I am sending the uninsured motor vehicle (UMV) fee. (This fee provides no insurance coverage).

Failure to comply with Virginia's insurance requirements may result in suspension of your driver's license and vehicle registration.

PRIVACY NOTICE

The information, including Social Security Number, is requested in accordance with Virginia Code §46.2-623. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§ 46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.

(10) CERTIFICATION/SIGNATURES

I 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.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE (mm/dd/yyyy)