Charlottesville, Virginia

Todd D. Divers, Commissioner of the Revenue
605 E. Main Street, Room A130
P.O. Box 2964
Charlottesville, VA 22902-2964
Phone: 434-970-3160 *Fax*: 434-970-3663

HIGH MILEAGE APPLICATION

(PASSENGER VEHICLES ONLY)

- Complete, sign, date, and return (to the address above) this High Mileage Application form and the required documentation or evidence to support your application.
- The Commissioner of the Revenue may require the submission of additional information or other evidence deemed necessary for a proper and equitable determination of the Application.
- You need not apply every year. However since minimum mileage amounts change each year, you may need to re-apply in the future in order to re-qualify.

OWNER / VEHICLE INFORMATION			
Owner(s) Name(s):			
Account Number:		Tax Year:	
Address:			
Email Address:			
Telephone Nos.:	(home)	(work)	(cell)
Vehicle Year:			
Vehicle Make and Model:			
Vehicle VIN No.:			
Current Mileage:			

DOCUMENTATION

You MUST attach a copy of one of the following documents for this vehicle:

- Unadulterated inspection receipt
- Oil change or service repair receipt from a vehicle care center or service station
- Title, if issued within the past 60 days

All of the above require proof of VIN number and must be dated prior to January 1st in order for the adjustment to be made for the tax year starting on January 1st.

Applications received without proper documentation cannot be accepted or processed.

CERTIFICATION

The owner(s) must sign and date this form. If the owner is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.

I declare under penalty of perjury that (1) the foregoing information is complete, true, and correct to the best of my knowledge and belief, and (2) I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

_____	_____	_____	☐ Owner OR
Signature	*Print Name*	*Date*	if business, Title:_____ *(e.g., President, VP, etc.)*
_____	_____	_____	☐ Co-Owner
Additional Signature	*Print Name*	*Date*	

OFFICE USE ONLY				DATE RECEIVED:		RECEIVED BY:	
CERTIFIED MILEAGE:				MILEAGE CLASS:		DEDUCTION AMOUNT:	
APPROVED:		DENIED:		APPROVED / DENIED DATE:		APPROVED / DENIED BY:	