DEPARTMENT OF VETERANS AFFAIRS

Veterans Health Administration Sierra Pacific Network 201 Walnut Avenue Mare Island, CA 94592

Subject: Medical Statement for Service-Connected Disabled Veterans in order to obtain waiver of California Department of Motor Vehicles registration fees. meets the service-connected qualifications This is to certify that ____ (Veteran's Name) of a Disabled Veteran, according to the provisions of the California Vehicle Code Section 295.7, as identified below (check one or more boxes): Has a service-connected disability which has been rated at 100% disabled due to a diagnosed disease or disorder which substantially impairs or interferes with mobility; or, Is so severely disabled as to be unable to move without the aid of an assistive device; or, Has lost, or has lost use of, one or more limbs; or, Has suffered permanent blindness as defined in Section 19153 of the California Welfare and Institutions code. I certify that I, ____ am an authorized employee of the United States Department of Veterans Affairs and I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct and that I will retain information sufficient to substantiate the certification and shall make that information available for inspection by the Medical Board of California, at the department's request. (CVC Section 22511.55). (Note: Assembly Bill 2777, Statutes of 2010, removed the requirement that a physician sign this certification.) Executed at (City/State):______ Date:____ Signature_____ Printed Name _____ Phone #:_____ Veteran: Deliver this form, along with a completed and signed DMV form REG256A, to: 1) A local DMV Field Office, or 2) By mail to: DMV

Special Processing Unit, MS D238

Sacramento, CA 94232-0001

P.O. Box 932345