

**SPECIAL MILITARY EXEMPTION**

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.

Vehicle Identification Number	Year	Make	Month/Year Registration Expires
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**Service member must meet all of the qualifications listed below:**

I am an Arizona resident.

I am/was a member of the US Armed Forces regular component, reserve component or National Guard.

I am/was deployed in support of a worldwide contingency operation of the US Armed Forces.

I am the owner/lessee of the vehicle described above.

*(The Special Military Exemption does not apply when the service member is on Temporary Duty (TDY) or Permanent Change of Station (PCS).)*

**Service Member Information**

Name (first, middle, last, suffix)		Military Rank
Military Service Number	Branch of Service	Unit Designation
Deployment Date (required)	Deployment End / Release Date (if applicable)*	
Name of Worldwide Contingency Operation (required)	*If surviving spouse or personal representative, enter the date of death of the vehicle owner/lessee or date listed as missing in action.	

I certify that the statements above are true and complete and that I meet all qualifications for the exemption indicated.

Owner/Lessee Signature	Date
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Acknowledged before me this date.

Notary or MVD Agent Signature

Date	County	State	Commission Expires
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I certify that the Service Information above is true, complete and correct.

Printed Name of Commanding Officer or Judge Advocate	Rank and Title
Signature of Commanding Officer or Judge Advocate	Date