

Revised Miscellaneous Certifications (REG 256A)

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Effective: Immediately

New Information

The U.S. Department of Veterans Affairs (USDVA) letter issued by the California Department of Veterans Affairs (CalVet) Regional Offices to qualified veterans to establish entitlement to disabled veteran benefits with the Department of Motor Vehicles (DMV) has been revised.

The revised USDVA letter **must** certify that the veteran has one of the following to qualify for Disabled Veteran License Plates and fees exemption:

- A service-connected disability rating of 100 percent (%) which impairs mobility.
- Other service-connected disability.

The revised USDVA letter no longer contains the medical certification required to qualify for benefits. A separate medical certification completed by an authorized VA or non-VA medical provider **must** be obtained by the applicant and submitted with the Miscellaneous Certifications (REG 256A) form when submitting the revised USDVA letter.

The Disabled Veteran Certification, Section A (Attachment A) and the medical certification on the back of the REG 256A (Attachment B) are being revised to reflect the new information.

NOTE: Continue to accept a letter from the USDVA that certifies the applicant meets the service-connected qualifications of a disabled veteran as described in *California Vehicle Code* §295.7 in lieu of the medical certification.

Procedures

Continue to follow procedures in *Vehicle Industry Registration Procedures Manual* §21.075.

Background

To qualify for disabled veterans benefits, disabled veterans must submit to DMV documentation completed by the USDVA certifying their service-connected disability and a medical certification/statement completed by an authorized medical provider.

In lieu of a medical certification, DMV is required to accept a letter issued by the USDVA that certifies the applicant is a disabled veteran as described in *California Vehicle Code* §295.7.

The medical certification portion on the back of the REG 256A allowed only authorized VA employees to complete the certification, which resulted in several applications being improperly denied. Therefore, the REG 256A and VA letter are being revised.

Distribution

Notification that this memo is available online at **www.dmv.ca.gov** under Publications was made via California DMV's Automated Email Alert System in March 2017.

VIN 2017-06

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References

California Vehicle Code §§295.7, 5007, and 9105

Vehicle Industry Registration Procedures Manual §21.075

VIN 2011-37 Revised Miscellaneous Certifications (REG 256A) Form

Contact Required

Call the DMV Customer Communications Section at (916) 657-6560 for further clarification of this memo.

Attachments (2)

Revision to Section A of REG 256A

A. DISABLED VETERAN CERTIFICATION

Check the appropriate box. Documentation is required. (SEE OTHER SIDE)

Disabled Veteran Only (CVC §9105)

Disabled veteran exempt registration is valid for one vehicle only. The vehicle may not be used for transportation for hire, compensation, or profit. If a commercial vehicle, unladen weight must be less than 8,001 pounds.

As a disabled veteran (CVC §295.7) who, as a result of injury or disease suffered while on active service with the armed forces of the United States, **I am submitting a United States Department of Veterans Affairs letter stating my service connected disabilities and the attached Medical Certification showing that:**

- ☐ I am rated as 100% disabled due to a diagnosed disease or disorder which substantially impairs or interferes with my mobility.
- ☐ I am so severely disabled as to be unable to move without the aid of an assistant device.
- ☐ I have lost or lost the use of, one or more limbs
- ☐ I have suffered permanent blindness, as defined in Section 19153 of the Welfare and Institutions Code.

Attachment B

REQUIREMENTS FOR DMV DISABLED VETERAN BENEFITS

INSTRUCTIONS: In order to qualify for exempt registration benefits for one vehicle and disabled Veteran License plates, a Veteran must present all of the following to the DMV:

1. Completed and signed Miscellaneous Certifications (DMV Form REG 256A).
2. A letter obtained by the Veteran specifically for the Disabled Veterans License Plate program (PCGL LTR 112) from a U.S. Department of Veterans Affairs (VA) Regional Office that states the Veteran's service-connected disabilities. The Veteran may obtain this letter by visiting a County Veterans Service Office (CVSO) or a CalVet District Office and request the letter to be mailed to them. Locate your closest CVSO or CalVet District Office at www.calvet.ca.gov.
3. The medical certification below, completed by one of the medical professionals indicated.

Submit all required documentation to:

- 1) A local DMV field office, or
- 2) By mail to DMV at: **Department of Motor Vehicles
Special Processing Unit, MS D238
P.O. Box 932345
Sacramento, CA 94232-0001**

MEDICAL CERTIFICATION FOR REG256A SECTION A ONLY

This is to certify that _____ meets the qualifications
(Veteran's Name)

of a disabled veteran, according to the attached VA letter and provisions of California Vehicle Code Section 295.7, as identified below (check one or more boxes):

- ☐ Has a disability which has been rated at 100 percent by the Department of Veterans Affairs or the military service from which the veteran was discharged, due to a diagnosed disease or disorder which substantially impairs or interferes with mobility;
- ☐ Is so severely disabled as to be unable to move without the aid of an assistant device;
- ☐ Has lost, or has lost use of, one or more limbs; or
- ☐ Has suffered permanent blindness, as defined in Section 19153 of the Welfare and Institutions Code.

I certify that I, _____, am a (check one)

☐ Physician ☐ Surgeon ☐ Chiropractor ☐ Optometrist ☐ Physician Assistant ☐ Nurse Practitioner
☐ Certified Nurse Midwife. I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct. I also certify that information sufficient to substantiate this certification shall be retained and made available for inspection by the Medical Board of California at the Department's request. (CVC §22511.55).

Executed at (City/State): _____ Date: _____

Medical Provider's Signature: _____

Medical License Number: _____

Medical Provider's Address: _____