www.alexandriava.gov/CarTax



phone: 703.746.4800 fax: 703.548.6065

MILITARY SPOUSES RESIDENCY RELIEF FORM CERTIFICATION OF LEGAL RESIDENCE (DOMICILE)

request that my ve	ehicle be exempt from taxation	on in Virginia as provided by the	he Military Spouses Residency Relief	Act.
Service Member		First Name		
	Last Name	First Name	Middle Initial	
Service Member's	Social Security Numbe <u>r</u>			
Spouse				
	Last Name	First Name	Middle Initial	
Spouse's Social Sec	curity Number			
Current Alexandria	Address			
Domicile Address_				
Telephone Number	Home			
Email	Home		Work	
Declaration:				
nave not taken any	action to abandon my domic	ile in another state or to becom	with my or my spouse's military orders ne a legal resident of Virginia. This elief is true, correct, and complete.	s. I
Signature of Servi	ice Member Date	Sią	gnature of Spouse Date	

Please attach a copy of:

- Service member's Military ID, Common Access Card (CAC);
- Current Leave and Earning Statement (LES);
- Spouse's Dependent ID card or Marriage Certificate
- Valid vehicle registration(s)