Specially Equipped Vehicle Owner's Certification

I hereby o	certify that the follow	ving described vehicle:		
Year	Make	VIN		
is either t	•	er of the owner's household, in the en	•	son, as defined in Iowa Code 321L, who le; or , uses a wheelchair as their only
Date		Owner or Member Signature		
	ement is required to lof the license plates.	be completed when the vehicle is first	registered at the reduced	registration fee and also annually upon
	* *	ele that the registration fee is calculated e, hearse, motorcycle, motorized bicyc	• •	. It does not apply to a weighted motor del year of a multipurpose vehicle.
Revised 200	09-02 Polk-kp			
		Learn more about the Polk	County Treasurer's office:	
	Pay Property Ta Pay Vehicle Reg	र / Forms: istration Renewal (Tag) / Forms:		www.lowaTaxAndTags.gov www.lowaTaxAndTags.gov