					OMB Control Respondent Bu	No. 2900-0067 Irden: 15 Minutes
20					Expiration Dat	
V Department of Veterans	Affairs			(DO NO	OT WRITE IN TH	
	JTOMOBILE OR OTHER COI IPMENT (UNDER 38 U.S.C. 3					
INSTRUCTIONS: Before completing this form, rea automobile or other conveyance and adaptive equi	d the Privacy Act and Respondent on page	e 2. Use this form to	apply for			
https://iris.custhelp.va.gov, or call us toll-free at 1-8 the Federal relay number is 711. VA forms are ava	00-827-1000. If you use a Telecommunication	tions Device for the D	Deaf (TDD).			
of Veterans Affairs, Evidence Intake Center, P.C). Box 4444, Janesville, WI 53547-4444.	eung the form, mair to				
	ON I - VETERAN/SERVICEMEMBER					
NOTE : You may complete the form online or by ha each applicable circle to help expedite processing of	of the form.	tion requested in ink,	neatly and legit	bly, insert one le	etter per box, an	a completely fill in
1. VETERAN/SERVICEMEMBER'S NAME (First, M	iddle Initial, Last)					
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applical	ble)		E OF BIRTH		
3. VA FILE NUMBER (II applicable)				nth [Day	Year
				-	_	
5. VETERAN'S SERVICE NUMBER (If applicable)	6. TELEPHONE NUMBER (Include Area	Code) 7	. E-MAIL ADDF		e to receive electro /A in regards to my	nic correspondence v claim.
	Enter International					
	Phone Number (If applicable)	nionned eddress felle	outing release fr	am active duty	in Itama QA and	
NOTE: A servicemember planning early release sho 8A. CURRENT ADDRESS (No. and Street or rural		plarined address folio	Jwilly release in	ion active duty,	III ILEITIS OA AITC	
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Street Apt./Unit Number	City					
	Ony					
State/Province Country	ZIP Code/Postal Code	ZIP Code/Postal Code				
8B. SERVICEMEMBER'S PLANNED ADDRESS FO	OLLOWING RELEASE FROM ACTIVE DU	TY (No. and Street o	or rural route, C	ity or P.O., Stat	e and Zip Code)	I
No. & Street						
Apt./Unit Number	City					
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State/Province Country	ZIP Code/Postal Code	e	—			
	SECTION II - APPLICATI	ON INFORMATIO	N			
9. BRANCH OF SERVICE				10. AF	RE YOU ON AC	TIVE DUTY?
	() AIR FORCE () GUARD () FOR	CE (Specify)		OY	ES ONO	
11A. PLACE OF ENTRY INTO ACTIVE DUTY			11B	. DATE OF EN	ſRY	
			M	onth	Day	Year
				—	—	
11C. PLACE OF RELEASE FROM ACTIVE DUTY	(If applicable)		11D	. DATE OF REI	EASE	
			M	onth	Day	Year
				—	—	
12A. HAVE YOU APPLIED FOR VA DISABILITY COMPENSATION? (If "Yes," give place)	12B. DATE YOU APPLIED	1	13. LOCATION	OF VA OFFICE	THAT HAS YO	UR FILE (If known)
	Month Day	Year				
0.120 0.10						
14. TYPE OF CONVEYANCE APPLIED FOR (Chec	k one)					
AUTOMOBILE OSTATION WAGON		HER acify)				
15. HAVE YOU PREVIOUSLY APPLIED FOR AN A						
YES NO (If "Yes,"give date and place	Month Day e) <u> </u>	Year	Place			
I hereby apply for the conveyance checked in Item the proper authority for the necessary license to c	operate it. If I am unable to qualify for a li	icense, I certify that	a person licens			
residence will operate the vehicle for me. I further control of the second seco		17. DATE SIGN				
	,	Month	Day	Year		
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or conveyance shown in Item 14, subject to certain payment limitations. VA cannot pay more film the rate in effect VeH VA receives the claim for payment from it sulf, the advance includes applicable taxes when included in the purchase price. The allowance does not include payment for any adaptive equipment specified for the qualifying disabilities. Adaptive Equipment: The cost of adaptive equipment and its installation may be reimbursed. Adaptive equipment that is authorized for the qualifying disabilities above above. All additional add-on equipment must be approved by VA. ICERTIFY THAT the veteran has not previously received an allowance for automobile or other conveyance under 38 U.S.C. 3901-3904. 23. NAME AND LOCATION OF VA OFFICE 24. SIGNATURE OF CERTIFYING OFFICIAL TITLE OF CERTIFYING OFFICIAL 24. DATE SIGNED (MMDD)YYY 25. MAKE AND MODEL 26. TEAR 27. VEHICLE IDENTIFICATION NO. (VIN) 28. TOTAL PURCHASE PRICE 29. DATE OF SALE (MMDD)YYY) 30A. IWILL OPERATE THIS VEHICLE 30B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT 29. TEAR 29. VEHICLE IDENTIFICATION NO. (VIN) 28. TOTAL PURCHASE PRICE 29. DATE OF SALE (MMDD)YYY) 30A. IWILL OPERATE THIS VEHICLE 30B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT 29. SO A 31. NAME OF SELLER 32. ADDRESS OF SELLER 33B. DATE OF RECEIPT (MMDD)YYY) 33A. SIGNATURE OF VETERAN OR SERVICEMEMBER (REQUIRED) 33B. DATE OF RECEIPT (MMDD)YYY) <th colspan="9"></th>									
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refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requester information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). RESPONDENT BURDEN : We need this information in order to determine eligibility for automobile or other conveyance and adaptive equipment allowance (38 U.S.C. 64, allows us to ask for this information if this number is not displayed. We estimate that you will need an average of 15 minutes	1974 or Title 38, Code of Federal R studies, the collection of money owe of VA benefits, verification of identit and Vocational Rehabilitation and Er your SSN account information is ma refusing to provide his or her SSN ur information is considered relevant an RESPONDENT BURDEN : We ne	Regulations 1.576 for ed to the United States ty and status, and pers mployment Records - andatory. Applicants a nless the disclosure o nd necessary to detern eed this information i	r routine uses (i.e. es, litigation in wh rsonnel administr - VA, published i are required to p of the SSN is requ nine maximum b in order to detern	e., civil or of thich the Uni- ration) as ide in the Federa provide their uired by a Fo penefits unde mine eligibi	criminal law enforcement, congr ited States is a party or has an im- entified in the VA system of recor- al Register. Your obligation to res SSN under Title 38 USC 5101 (ederal Statute of law in effect pri er the law. The responses you sub- lity for automobile or other conv	essional communi terest, the adminis rds, 58VA21/22/28 spond is required t (c)(1). The VA wi or to January 1, 19 mit are considered veyance and adapt	cations, epidemiological or research tration of VA programs and delivery 8, Compensation, Pension, Education to obtain or retain benefits. Giving us 11 not deny an individual benefits for 075, and still in effect. The requested 1 confidential (38 U.S.C. 5701). ive equipment allowance (38 U.S.C.		

review the instructions, find the information, and complete the form. Valid OMB control numbers can be located on the OMB Internet Page at <u>www.reginfo.gov/public/do/</u> <u>PRAMain</u>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INFORMATION AND INSTRUCTIONS

If you have questions about this form, how to fill it out, or about benefits, call VA toll-free at 1-800-827-1000 (If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711.) You may also contact VA by Internet at <u>https://iris.custhelp.com/</u>

A. What are automobile and adaptive equipment benefits and how does VA decide what I will or will not receive?

1. Allowance towards purchase of a vehicle - Veterans who are receiving compensation under 38 U.S.C. 1151 for any of the following disabilities are also eligible. This payment is a once-per-lifetime grant, and the amount paid is limited by law. Contact VA for the current rate.

A veteran or servicemember must possess one of the following disabilities as a result of injury or disease incurred or aggravated during active military service:

- · loss or permanent loss of use of one or both feet, or
- loss or permanent loss of use of one or both hands, or
- permanent impairment of vision in both eyes with a
 - \bullet central visual acuity of 20/200 or less in the better eye with corrective glasses, or
 - central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field has an angular distance no greater than 20 degrees in the better eye, or
- Severe burn injury: Deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities or the trunk and preclude effective operation of an automobile, or
- amyotrophic lateral sclerosis (ALS).

Important: Do not purchase a vehicle until authorized by VA. VA is required by law to pay the benefit to the seller of the vehicle. Payment cannot be made to the veteran or servicemember.

2. Adaptive equipment

A veteran or servicemember who qualifies for the vehicle allowance also qualifies for adaptive equipment unless he or she is blind, requires a driver, or doesn't have a valid State driver's license or learner's permit. See the attached list for more information about adaptive equipment. *Important:* VA will not pay for the purchase of add-on adaptive equipment (equipment furnished by someone other than the automobile manufacturer) that is not approved by VA. Contact the nearest VA health care facility for more information on add-on equipment. The adaptive equipment benefit may be paid more than once, and it may be paid to either the seller or the veteran or servicemember.

3. Special drivers training for disabled veterans should contact the nearest VA health care facility to request this training.

B. What conveyance may be purchased?

You may purchase a new or used automobile, truck, station wagon, or certain other types of conveyance if approved by VA.

C. When should VA Form 21-4502 be submitted?

There is no time limit for filing a claim; however, the claim must be authorized by VA before you purchase the automobile or conveyance.

D. Instructions to veteran or servicemember

1. Complete all items of Section I and II and submit to VA. Send the form to your nearest VA regional office.

2. VA will determine your eligibility and, if eligibility exists, VA will complete Section III and return the form to you.

3. Purchase a vehicle. When you receive the vehicle and the adaptive equipment from the seller, complete Section IV.

4. Give the original VA Form 21-4502 to the seller.

5. Submit any invoices for adaptive equipment and/or installation not included on the seller's invoice to the nearest VA health care facility. These invoices, identified with your full name and VA file number, must show the itemized net cost of any adaptive equipment and installation charges, any unpaid balance, and the make, year and model of the vehicle to which the equipment is added.

E. Instructions to seller

1. Make sure that Section III of VA Form 21-4502 is completed and signed by VA.

2. Deliver the vehicle, including VA-approved adaptive equipment provided and/ or installed by the seller.

3. Obtain the original copy of VA Form 21-4502 from the veteran or servicemember after he or she has completed Section IV.

4. Submit the original copy of VA Form 21-4502 and itemized invoice to the VA regional office shown in Section III, Attention: Financial Division, for payment. The itemized invoice must include the following:

- The net cost of any approved adaptive equipment and installation charges. If certain items of approved adaptive equipment (automatic transmission, power seats, etc.) are included in the purchase price, also submit a copy of the window sticker.
- A list of which adaptive equipment is standard on the vehicle or combined with other items.
- The unpaid balance due on the vehicle which is to be paid by VA.
- A certification that the amounts billed do not exceed the usual and customary cost for the purchase and installation of the adaptive equipment.

ADAPTIVE EQUIPMENT FOR AUTOMOBILES AND SIMILAR VEHICLES

IMPORTANT

Adaptive equipment for the operation of the vehicle cannot be provided if the veteran or servicemember is blind, requires a driver because of physical disability, or does not have a valid State driver's license or learner's permit. The list below shows the equipment that is authorized for the qualifying disabilities shown in Section II of VA Form 21-4502. Request approval from the nearest VA health care facility for any equipment not shown below, or if adaptive equipment is required for driver training and testing.

A. BASIC EQUIPMENT

DISABILITY

Loss of a foot (including loss of use)
Loss of both feet (including loss of use)
Loss of a hand (including loss of use)
Loss of a hand and a foot (including loss of use)

ADAPTIVE EQUIPMENT

Basic automatic transmission and power brakes Basic automatic transmission, power steering and power brakes.

Basic automatic transmission and power steering.

Basic automatic transmission, power steering and power brakes.

B. ADDITIONAL EQUIPMENT - SINGLE DISABILITIES

LOSS OF LEFT FOOT (INCLUDING LOSS OF USE)

- 1. Hand-operated dimmer switch
- 2. Hand-operated parking brake

3. If standard transmission selected, bar welded to clutch pedal to prevent foot slipping down or off to side.

LOSS OF LEFT HAND (INCLUDING LOSS OF USE)

- 1. Steering wheel knob or ring.
- 2. Right-hand operated direction signals.
- 3. Right-hand or foot-operated parking brake.
- 4. Relocation of control switched, as needed.

LOSS OF RIGHT FOOT (INCLUDING LOSS OF USE)

- 1. Left foot-operated gas pedal.
- 2. Hand-operated dimmer switch.
- 3. Hand-operated parking brake.

4. Extension on brake pedal from left foot operation if not part of car.

5. If standard transmission selected, bar welded to clutch pedal so both clutch and brake pedals may be operated with the left foot.

LOSS OF RIGHT HAND (INCLUDING LOSS OF USE)

- 1. Steering wheel knob or ring.
- 2. Left hand-or foot-operated parking brake.
- 3. Relocation of control switches, as needed.
- 4. Left hand gear shift lever.

C. ADDITIONAL EQUIPMENT - MULTIPLE DISABILITIES

LOSS OF BOTH FEET (INCLUDING LOSS OF USE)

- 1. Hand-operated brake and gas pedal in combination.
- 2. Hand-operated parking brake.
- 3. Hand-operated dimmer switch.
- 4. Steering wheel knob or ring.
- 5. Two-way power seat.

LOSS OF BOTH HANDS, TRIPLE OR QUADRUPLE EXTREMITY LOSS (INCLUDING LOSS OF USE)

Any combination of hand/foot control which does not involve steering, and relocation of control switches or levers as required.