



**Office of the Assessor**

8 PARK PLACE, VERNON, CT 06066  
 Tel: (860) 870-3625  
 Fax: (860) 870-3586

*David Wheeler, CCMA II*  
 Town Assessor

*Christine Clarke, CCMA I*  
 Deputy Assessor

**APPLICATION FOR ANTIQUE, RARE OR SPECIAL INTEREST MOTOR VEHICLE  
 PURSUANT TO SECTION 14-1 AS AMENDED BY PA 08-150**

Under new state law PA 08 – 150 all vehicles that are over 20 years old can be consider to be valued at 500 assessment dollars providing that the below application is completed in its entirety and meet the definition under section (3) "Antique, rare or special interest motor vehicle" means a motor vehicle twenty years old or older which is being preserved because of historic interest and which is not altered or modified from the original manufacturer's specifications;". **Failure to file this form by January 6<sup>th</sup>, 2022 will result in your vehicle being valued at average retail value based on NADA values according to state statutes for the 2021 Grand List.**

**Please note this form must be signed by an Authorized Repair Mechanic to be Valid.**

**OWNER INFORMATION**

OWNER'S NAME	_____	_____	_____
	FIRST NAME	MIDDLE INITIAL	LAST NAME
OWNER'S MAILING ADDRESS	_____	_____	_____
	STREET NUMBER/STREET NAME	TOWN/CITY	ZIP CODE
OWNER'S TELEPHONE NUMBERS	_____	_____	_____
	TELEPHONE NUMBER	CELL NUMBER	FAX NUMBER

**MOTOR VEHICLE INFORMATION**

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER
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LIST AND DESCRIBE ANY AND ALL ALTERATIONS AND/OR MODIFICATIONS FROM THE ORIGINAL MANUFACTURER'S SPECIFICATIONS:

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(Complete Other Side)

**THE FOLLOWING QUESTIONS MUST BE ANSWERED**

(IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET)

1. IS THIS MOTOR VEHICLE 20 YEARS OR OLDER?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2. IS THIS MOTOR VEHICLE BEING PRESERVED? IF YES, THEN EXPLAIN HOW?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3. IS THERE A HISTORICAL USE FOR THIS MOTOR VEHICLE? IF YES, THEN EXPLAIN HOW?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
4. HAS THIS MOTOR VEHICLE BEEN ALTERED OR MODIFIED FROM THE ORIGINAL MANUFACTURERS SPECIFICATION? IF YES, THEN EXPLAIN HOW?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

**Affidavit**

The applicant acknowledges that all of the above statements are true and complete. The applicant of a false affidavit/statement shall be subject to such fines, penalties and/or imprisonment as provided by law. My signature signifies that this affidavit has been read and understood.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE SIGNED

Subscribed and sworn to before me: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE SIGNED

**Auto Mechanic Affidavit**

I have inspected the above vehicle at the owners request and have determined that the above vehicle has been altered or modified from the original manufacturer's specifications.  NO  YES

\_\_\_\_\_  
SIGNATURE AUTO MECHANIC INSPECTOR

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
LICENSE #

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
DATE SIGNED

**FOR ASSESSOR'S OFFICE USE ONLY**

This application is  Approved  Denied Grand List of October 1, 2021

The reason for denial: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEMBER OF ASSESSOR'S OFFICE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE SIGNED

**Deadline for Application is January 6<sup>th</sup>, 2022**