Reset Form

Print Form

OMB Control No. 2900-0067
Respondent Burden: 15 minutes

Department of Veterans Affairs

1A.VA FILE NUMBER

APPLICATION FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (UNDER 38 U.S.C. 3901-3904)

1B. VETERAN'S SOCIAL SECURITY NUMBER

NOTE: Please read the "Information and Instructions" on the reverse before you fill out this form.

SECTION I - APPLICATION *(To be completed by veteran or serviceperson)*

NOTE: A serviceperson planning early release should give both present military address and planned address following release from active duty, in Item 3.

2. FIRST NAME - MIDDLE NAME - LAST NAME

3. ADDRESS *(No. and Street or rural route, City or P.O., State and Zip Code)*

4. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ OTHER *(Specify)*

5. ARE YOU ON ACTIVE DUTY?
☐ YES ☐ NO

6A. PLACE OF ENTRY INTO ACTIVE DUTY

6B. DATE

6C. PLACE OF RELEASE FROM ACTIVE DUTY *(If applicable)*

6D. DATE

7A. HAVE YOU APPLIED FOR VA DISABILITY COMPENSATION? *(If "Yes,"give place)*
☐ YES ☐ NO

7B. DATE

8. LOCATION OF VA OFFICE WHICH NOW HAS YOUR FILE *(If known)*

9. TYPE OF CONVEYANCE APPLIED FOR *(Check one)*
☐ AUTOMOBILE ☐ STATION WAGON ☐ VAN ☐ TRUCK ☐ OTHER *(Specify)*

10. HAVE YOU PREVIOUSLY APPLIED FOR AN AUTOMOBILE OR OTHER CONVEYANCE? *(This is a once-per-lifetime grant)*
☐ YES ☐ NO *(If "Yes,"give date and place)*

I hereby apply for the conveyance checked in Item 9 above and the equipment required because of my disability. I agree that before operating the vehicle I shall hereafter apply to the proper authority for the necessary license to operate it. If I am unable to qualify for a license, I certify that a person licensed to operate a similar vehicle in the state of my residence will operate the vehicle for me. I further certify that VA has not previously paid an automobile grant on my behalf.

11. SIGNATURE OF VETERAN OR SERVICEPERSON

12. DATE SIGNED

13. TELEPHONE NUMBERS *(Include Area Code)*
A. DAYTIME
B. EVENING

SECTION II - CERTIFICATE OF ELIGIBILITY *(To be completed by VA)*

QUALIFYING DISABILITIES *(Check appropriate box(es))*

14A. LOSS OF FOOT
☐ RIGHT ☐ LEFT ☐ BOTH

14B. LOSS OF HAND
☐ RIGHT ☐ LEFT ☐ BOTH

14C. PERMANENT LOSS OF USE OF FOOT
☐ RIGHT ☐ LEFT ☐ BOTH

14D. PERMANENT LOSS OF USE OF HAND
☐ RIGHT ☐ LEFT ☐ BOTH

15. PERMANENT IMPAIRMENT OF VISION
☐ CENTRAL VISUAL ACUITY 20/200 OR LESS IN THE BETTER EYE WITH CORRECTIVE GLASSES
☐ CONTRACTION OF THE PERIPHERAL FIELD OF VISION TO 20 DEGREES OR LESS IN THE BETTER EYE

16. **Authorization for Allowance for Automobile or Other Conveyance:** The above-named applicant is eligible under 38 U.S.C. 3901-3904 to purchase the automobile or conveyance shown in Item 9, subject to certain payment limitations. VA cannot pay more than the rate in effect when VA receives the claim for payment from the seller. The allowance 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 is not provided if the claimant is blind, requires a driver, or doesn't have a valid State driver's license or learner's permit. See the attached list for the adaptive equipment that is authorized for the qualifying disabilities shown above. All additional add-on equipment must be approved by VA.

☐ I CERTIFY THAT the veteran has not previously received an allowance for automobile or other conveyance under 38 U.S.C. 3901-3904.

17. NAME AND LOCATION OF VA OFFICE

18. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL

19. DATE SIGNED

SECTION III - RECEIPT FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT *(To be completed by veteran or serviceperson)*

20. MAKE AND MODEL

21. YEAR

22. MOTOR OR ENGINE NO.

23. TOTAL PURCHASE PRICE
$

24. DATE OF SALE

25A. I WILL OPERATE THIS VEHICLE
☐ YES ☐ NO

25B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT
☐ YES ☐ NO

26. NAME OF SELLER

27. ADDRESS OF SELLER

I hereby acknowledge receipt of the automobile or other conveyance with the adaptive equipment specified on attached invoice.

28A. SIGNATURE OF VETERAN OR SERVICEPERSON

28B. DATE OF RECEIPT

PENALTY: The law provides severe penalties, which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

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 (Hearing Impaired TDD line 1-800-829-4833).
You may also contact VA by Internet athttps://iris.va.gov

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 U.S.C. 1151 for any of the disabilities listed below are 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 serviceperson 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
  - 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.

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 serviceperson.

2. Adaptive equipment
A veteran or serviceperson 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 serviceperson.

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 serviceperson
1. Complete all items of Section I in duplicate and submit both copies to VA. If you have previously applied for disability compensation, send the form to the VA regional office where your claims folder is located. If you have not applied for disability compensation or have not separated from military service, send the form to the nearest VA regional office.

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

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

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 II 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 serviceperson after he or she has completed Section III.

4. Submit the original copy of VA Form 21-4502 and itemized invoice to the VA regional office shown in Section II, 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.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for 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 requested 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. Chapter 39). Title 38, United States Code, allows us to ask for this information if this number is not displayed. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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11. SIGNATURE OF VETERAN OR SERVICEPERSON

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A. DAYTIME
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☐ RIGHT ☐ LEFT ☐ BOTH

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ADAPTIVE EQUIPMENT FOR AUTOMOBILES AND SIMILAR VEHICLES

IMPORTANT

Adaptive equipment for the operation of the vehicle cannot be provided if the veteran or serviceperson 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	ADAPTIVE EQUIPMENT
Loss of a foot (including loss of use).....	Basic automatic transmission and power brakes
Loss of both feet (including loss of use).....	Basic automatic transmission, power steering and power brakes.
Loss of a hand (including loss of use).....	Basic automatic transmission and power steering.
Loss of a hand and a foot (including loss of use).....	Basic automatic transmission, power steering and

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.