



APPLICATION FORM DD1 FOR TAX RELIEF IN RELATION TO VEHICLES PURCHASED FOR USE BY PEOPLE WITH DISABILITIES

DP. No.:

VIN No.:

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Garage Details:

Name:

Vehicle: NEW

USED

IMPORT

Address:

VAT No.:

Phone No.:

C.C.:

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APPLICANT DETAILS

PRIMARY MEDICAL CERTIFICATE HOLDER

Name:

Name:

Address:

Address:

Daytime Phone No.:

Daytime Phone No.:

PPS No.:

PPS No.:

Date of Birth:

Date of Birth:

Are you claiming as a driver with a disability a passenger with a disability , or a family member of a passenger with a disability (Tick the box, as appropriate).

FAMILY MEMBER DECLARATION

(only to be completed where the applicant is a family member of the person with a disability)

I hereby declare that: (Name)..... is the holder of a Primary Medical Certificate and is a family member who resides permanently with me at (address):

.....
.....
.....

If the Primary Medical Certificate Holder's address is different from the applicant's address, see Waiver of Residency Requirement (page 7 in VRT 7 Booklet) and request Waiver of Residency Forms.

My relationship to the person with the disability is as his/her

I am responsible for that person's transportation and the vehicle, which is the subject of this application, has been acquired for that purpose and has been constructed and adapted to take account of that person's disability. Please note that relief is confined to one family member only.

DECLARATION

(This declaration must be completed by all applicants)

I wish to apply for relief from tax under the Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations, 1994 (SI. 353 of 1994).

I hereby declare that the information on this form and on supporting documentation is true and correct to the best of my knowledge and belief.

Signature:

Date:

It is an offence to make a false declaration for the purposes of obtaining relief from tax.

HOW TO APPLY

The completed application form should be sent to:

**Central Repayments Office,
Freepost,
M:TEK II Building,
Armagh Road,
Monaghan.**

**Telephone 1890 606 061
047 62100**

New/Imported Vehicle

On receipt of completed Application Form (DD1), a Letter of Authorisation (LOA) will be issued. Insert Vehicle Identification Number (VIN) details on LOA. An Exemption Notification will then issue which permits the vehicle to be registered exempt of VRT, subject to the relevant limits. The claim will be processed on receipt of Invoices and Individual Vehicle Approval (IVA) certificate (where required).

Used Vehicles

On receipt of completed Application Form (DD1) and the paid invoices in respect of the purchase and the adaptation of the vehicle, the claim will be processed.

Refunds can be paid directly to your Irish Bank Account.

To avail of this please supply the following details:

Customer Name:

Address:

.....

.....

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Bank Sort Code:

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Account No:

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I authorise repayment due to me to be paid directly to the above bank account

Signature:

Date:

Please read Information Booklet (VRT7) prior to submitting application. This booklet is available at www.revenue.ie or may be obtained on request from the Central Repayments Office.