OMB Approved 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. SOCIAL SECURITY NUMBER

NOTE: Submit in duplicate. Type or print all entries. If any item is not applicable enter " N/A." Please refer to the reverse side of this form for information and instructions concerning your claim. Call VA toll-free with questions at 1-800-827-1000 (TDD 1-800-829-4833).

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

6. SERVICE NO. (S)

7A. PLACE OF ENTRY INTO ACTIVE DUTY

7B. DATE

8A. PLACE OF RELEASE FROM ACTIVE DUTY *(If applicable)*

8B. DATE

9A. HAVE YOU MADE APPLICATION FOR DISABILITY COMPENSATION?
☐ YES ☐ NO *(If "Yes,"give place)* _____

9B. DATE

10. LOCATION OF VA OFFICE WHICH NOW HAS YOUR FILES *(If known)*

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

12. HAVE YOU MADE PREVIOUS APPLICATION FOR AN AUTOMOBILE OR OTHER CONVEYANCE?
☐ YES ☐ NO *(If "Yes,"give date and place)* _____

NOTE: A VETERAN IS ONLY ENTITLED TO A GRANT FOR ONE AUTOMOBILE OR OTHER CONVEYANCE DURING HIS OR HER LIFETIME. This one-per-lifetime grant does not apply to adaptive equipment.

I hereby apply for the conveyance checked in Item 11 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.

13. DATE

14. SIGNATURE OF VETERAN, SERVICEMAN OR SERVICEWOMAN

15. 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))*

16A. LOSS OF FOOT
☐ RIGHT ☐ LEFT ☐ BOTH

16B. LOSS OF HAND
☐ RIGHT ☐ LEFT ☐ BOTH

16C. PERMANENT LOSS OF USE OF FOOT
☐ RIGHT ☐ LEFT ☐ BOTH

16D. PERMANENT LOSS OF USE OF HAND
☐ RIGHT ☐ LEFT ☐ BOTH

17. 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

AUTHORIZATION FOR AUTOMOBILE OR OTHER CONVEYANCE. The above-named applicant is declared eligible under 38 U.S.C. 3901-3904 to purchase the automobile or other conveyance requested, 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 disabilities indicated above.

IMPORTANT: Adaptive Equipment for the operation of a vehicle is not provided for a blind applicant nor in any other case when the veteran serviceman or servicewoman must have a driver because of physical disability or if he or she does not have a valid state driver's license or learner's permit. Also, all add-on equipment (equipment furnished by someone other than the automobile manufacturer) must be VA approved.

Payment of allowance for the purchase of the automobile or other conveyance may be made only to the seller.

SEE ATTACHED LIST OF ADAPTIVE EQUIPMENT. The law permits a reimbursement for the usual and customary cost of the adaptive equipment and/or its installation specified for the applicant's qualifying disability on the attached list or by approval of VA health care facility. Subsequent adaptive equipment and /or its installation specified for the applicant's qualifying disability on the attached list or by approval of VA health care facility. Subsequent adaptive equipment and /or adaptive equipment not for operation of the vehicle may be applied for separately by using VA Form 10-1394, Application for Adaptive Equipment- Motor Vehicle.

18. DATE

19. NAME AND LOCATION OF VA OFFICE

20. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL

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

21. MAKE AND MODEL

22. YEAR

23. MOTOR OR ENGINE NO.

24. TOTAL PURCHASE

25. DATE OF SALE

26A. I WILL OPERATE THIS VEHICLE
☐ YES ☐ NO

26B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT
☐ YES ☐ NO

27. NAME OF SELLER

28. ADDRESS OF SELLER

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

29. DATE OF RECEIPT

30. SIGNATURE OF VETERAN, SERVICEMAN OR SERVICEWOMAN

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 ANY QUESTIONS ABOUT COMPLETING THIS FORM, CALL 1-800-827-1000 (TDD 1-800-829-4833) FOR FREE HELP

INFORMATION

1. WHO IS ENTITLED TO RECEIVE AN AUTOMOBILE OR OTHER CONVEYANCE?

a. Veterans (including retired officers and enlisted personnel) entitled to compensation from VA for any of the following disabilities incurred in or aggravated during such period of active military service; (1) loss or permanent loss of use of one or both feet; (2) loss or permanent loss of use of one or both hands; (3) permanent impairment of vision of both eyes for the following status; central visual acuity of 20/200 or less in 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 than the widest diameter of visual field subtends an angular distance no greater than 20 degrees in the better eye.

b. Any member of the Armed Forces serving on active duty who has any of the above disabilities as the result of injury or disease incurred in or aggravated by active military, naval or air service.

2. WHAT BENEFITS ARE PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS?

a. For the automobile or other conveyance. During the veteran's lifetime, one payment of an allowance can be made for an automobile or other conveyance. This is a once-per-lifetime grant. The amount paid is limited by law. The maximum amount that can be paid is the rate in effect when VA receives the claim for payment from the seller.

b. For VA approved adaptive equipment. Adaptive equipment which is part of or added to a vehicle and is specified for the claimant's disability by the Chief Medical Director may be furnished provided the equipment is VA approved.

c. Special drivers training for disabled veteran.

3. WHEN MUST AN APPLICATION BE SUBMITTED?

a. Application for automobile or other conveyance and adaptive equipment may be made at any time after the qualifying disability is acquired.

b. DO NOT BUY A CAR UNTIL AUTHORIZED BY VA.

C. DO NOT BUY ADD-ON ADAPTIVE EQUIPMENT NOT TESTED AND APPROVED BY VA. This requirement does not apply to adaptive equipment furnished by an automobile manufacturer such as automatic transmission, power steering, power brakes, etc. Information about VA approved adaptive equipment may be obtained by visiting or calling the nearest VA medical center or out-patient clinic.

4. WHAT CONVEYANCE MAY BE PURCHASED?

New or used automobiles, trucks, station wagons, and tractors, also, certain other types of conveyance not listed in this paragraph if approved by VA.

INSTRUCTIONS TO THE VETERAN OR SERVICEPERSON

1. Complete all items of Section I of VA Form 21-4502 in duplicate. Sign both copies.

2. a. If you have not applied for disability compensation, send VA Form 21-4502 in duplicate to the VA regional office where your claims folder is located.

b. If you have not applied for disability compensation or have not been separated from the military service, send the form to the VA regional office having jurisdiction over your residence.

3. VA will determine your eligibility for allowance for an automobile or other conveyance including adaptive equipment and will complete Section II.

4. The original of VA Form 21-4502 will be returned to you if you are eligible. Refer to the list of adaptive equipment which is a part of this form and to Section II of the form to determine what adaptive equipment may be added to the vehicle.

5. Give the original of VA Form 21-4502 to the seller of your choice who will deliver the automobile or other conveyance including the items of adaptive equipment you selected. (See also paragraph 7 below).

6. Complete receipt for same on Section III of VA Form 21-4502.

7. Invoices for adaptive equipment and/or installation not furnished by the seller of the automobile or other conveyance and not included on his/her invoice must be submitted to the VA health care facility nearest your residence or station. These invoices, identified with your full name and VA file number, must show the itemized net cost of any adaptive equipment and any installation charges, any unpaid balance and the make, year and model of the vehicle to which the equipment is added. VA will not pay for the purchase of add-on adaptive equipment that is not approved by VA.

INSTRUCTIONS TO SELLER

1. CAUTION: Upon receipt of VA Form 21-4502, the seller will ensure that Section II of VA Form 21-4502 is completed and signed by VA.

2. The seller will make delivery of automobile or other conveyance including VA approved adaptive equipment provided and/or installed by the seller and will secure receipt on Section III of VA Form 21-4502 from the veteran, serviceman or servicewoman.

3. Furnish an itemized invoice including the net cost of any approved adaptive equipment and of any installment charges. If certain items of approved adaptive equipment (automatic transmission, power seats, etc.) are included in the purchase price of the conveyance, also submit a copy of the window sticker.

4. List on the invoice adaptive equipment which is standard equipment on the vehicle or which is combined with other items.

5. The invoice must contain a certification that the amounts billed do not exceed the usual and customary cost for the purchase and installation of the adaptive equipment.

6. The itemized invoice must show the unpaid balance due on the vehicle which is to be paid by VA.

7. The seller will submit completed VA Form 21-4502 and the itemized invoice to the VA regional office shown in Section II, VA Form 21-4502, Attention: Financial Division, for payment.

PRIVACY ACT INFORMATION: No automobile and adaptive equipment allowance may be granted unless this application form is completed and returned as required by existing law (38 U.S.C. Chapter 39, 38 C.F.R. 3.808). The information requested by this form is considered relevant and necessary to determine eligibility to the benefits provided under the law. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records-VA, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

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A. DAYTIME
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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.

ADAPTIVE EQUIPMENT FOR AUTOMOBILES AND SIMILAR VEHICLES

NOTE: 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

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 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.

NOTE: Information about add-on equipment that VA has tested and approved may be obtained by visiting or calling the nearest VA health care facility. Request approval from the VA medical center for any required equipment not specified above for the qualifying disabilities shown in Section II of VA Form 21-4502, or if adaptive equipment is required for driver training and testing. Submit request for special driver's training to the VA Medical Center.