



NONRESIDENT MILITARY (NRM) VEHICLE LICENSE FEE EXEMPTION

SIDE A – U.S. SERVICEMEMBER USE ONLY (50 U.S.C. §§3998, 4001, 4025)

(NATO MEMBERS – SEE FORM REG 5046)

| | | |
|-------------------------------|-----------------|------------------------|
| VEHICLE IDENTIFICATION NUMBER | MAKE OF VEHICLE | VEHICLE LICENSE NUMBER |
|-------------------------------|-----------------|------------------------|

You qualify for this exemption if your duty station is located in California and your vehicle is not used in a trade or business.

I am on active duty in the U.S. Uniformed Services* with the _____
BRANCH OF SERVICE

I am now stationed at _____, California with the _____
DUTY STATION UNIT

This can be verified by my commanding officer, who can be reached at (_____) _____
TELEPHONE NUMBER

I am not a resident of California, my legal residence is _____
STATE

NOTE: NRM exemption not applicable to California residents.

This vehicle is garaged primarily in the county of _____
COUNTY

Military Identification Verified By: _____
OFFICE DATE ID # DMV EMPLOYEE INITIALS

Military Identification Verified By: _____
DEALER/BUSINESS PARTNER NAME DLR/BPA# AUTHORIZED REPRESENTATIVE INITIALS

*Note: 10 U.S. Code Section 101(a) defines a U.S. Uniformed Service Member as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, the *Commissioned Corps* of the National Oceanic and Atmospheric Administration, and the *Commissioned Corps* of the Public Health Service.

THE INFORMATION YOU ARE PROVIDING IS SUBJECT TO DEPARTMENT OF DEFENSE VERIFICATION AND DMV AUDIT.

| | | |
|--------------------|-----------|-------|
| EXECUTED ON (DATE) | AT (CITY) | STATE |
|--------------------|-----------|-------|

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | |
|----------------------|-----------------------|---------------------------------------|
| PRINT TRUE FULL NAME | SIGNATURE X | DAYTIME TELEPHONE NUMBER (_____) |
| MAILING ADDRESS | CITY | STATE ZIP CODE |



NONRESIDENT MILITARY (NRM) VEHICLE LICENSE FEE EXEMPTION

SIDE B – U.S. SERVICEMEMBER SPOUSE USE ONLY (50 U.S.C. §§3998, 4001, 4025)

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|-------------------------------|-----------------|------------------------|
| VEHICLE IDENTIFICATION NUMBER | MAKE OF VEHICLE | VEHICLE LICENSE NUMBER |
|-------------------------------|-----------------|------------------------|

To qualify for this exemption, your spouse's duty station must be located in California and this vehicle must not be used in a trade or business.

My spouse _____ is on active duty in the U.S. Uniformed Services* with the _____.

SPOUSE'S NAME

BRANCH OF SERVICE

My spouse is now stationed at _____, California with the _____.

DUTY STATION

UNIT

This can be verified by my spouse's commanding officer, who can be reached at (_____) _____.

TELEPHONE NUMBER

My spouse and I are not residents of California, my spouse's legal residence is _____.

STATE

and my legal residence is _____.

STATE

NOTE: NRM exemption not applicable to California residents.

This vehicle is garaged primarily in the county of _____.

COUNTY

Military Identification Verified By: _____

OFFICE

DATE

ID #

DMV EMPLOYEE INITIALS

Military Identification Verified By: _____

DEALER/BUSINESS PARTNER NAME

DLR/BPA#

AUTHORIZED REPRESENTATIVE INITIALS

*Note: 10 U.S. Code Section 101(a) defines a U.S. Uniformed Service Member as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, the *Commissioned Corps* of the National Oceanic and Atmospheric Administration, and the *Commissioned Corps* of the Public Health Service.

THE INFORMATION YOU ARE PROVIDING IS SUBJECT TO DEPARTMENT OF DEFENSE VERIFICATION AND DMV AUDIT.

| | | |
|--------------------|-----------|-------|
| EXECUTED ON (DATE) | AT (CITY) | STATE |
|--------------------|-----------|-------|

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | | |
|----------------------|-----------------------|---------------------------------------|----------|
| PRINT TRUE FULL NAME | SIGNATURE X | DAYTIME TELEPHONE NUMBER (_____) | |
| MAILING ADDRESS | CITY | STATE | ZIP CODE |