



Sales Tax Exemption Certificate: Mobility Enhancing Equipment

PURPOSE: This form is for customers purchasing a dashmoto® vehicle for use as a medically necessary mobility aid. To process a sales tax exemption, dashmoto® requires this completed certificate accompanied by a valid prescription or Letter of Medical Necessity from a licensed healthcare provider.

1. CUSTOMER / PATIENT INFORMATION

Full Legal Name: _____

Delivery Address: _____

City, State, ZIP: _____

Email / Phone: _____

2. VEHICLE & USAGE DETAILS

Model Name: _____

Serial Number: _____

The purchaser affirms the vehicle above is designed and/or modified to increase the ability of the user to move from one place to another and is customarily used for such purposes by individuals with disabilities.

3. HEALTHCARE PROVIDER VALIDATION

Physician Name: _____

Medical License/NPI: _____

Date of Order: _____

I have attached the required medical documentation/prescription.

4. STATE STATUTORY CLAIM

Select the state where the vehicle will be registered/delivered:

California: CR&TC § 6369.2 (Wheelchairs & Mobility Aids)

Florida: FL Stat. § 212.08(2) (Medical Exemptions/Scooters)

Texas: TX Tax Code § 151.313 (Health Care Supplies)

New York: NY Tax Law § 1115(a)(3) (Medical Equipment)

Tennessee: TN Code § 67-6-314 (Mobility Enhancing Equipment)

Other State / Statute: _____

5. CERTIFICATION & SIGNATURE

I, the undersigned, certify that the item(s) purchased are for the use of a person with a disability and qualify for exemption under the statutes cited above. I understand that I am liable for payment of any sales or use tax (plus interest and penalties) should this claim be disallowed by the state taxing authority.

Purchaser Signature: _____

Date Signed: _____