



Motor Vehicle Division

48-7702 R04/16 azdot.gov

SURVIVOR OF FALLEN RESPONDER EXEMPTION

A Surviving Spouse or a Surviving Dependent of a Law Enforcement Officer, Fire Fighter, Ambulance Attendant or Volunteer First Responder who was killed in the line of duty or died from injuries suffered in the line of duty on or after 04/05/1933 may qualify for a one year exemption from the payment of the vehicle license tax and the registration fee. The Volunteer First Responder must have been operating in an official capacity on behalf of a governmental entity that is involved in an emergency or law enforcement response. This exemption applies to one vehicle per qualified person. This document must be signed by a representative of the agency that employed the fallen responder at the time of their death.

Please retain the fully completed form for your records. You may use this form for future applications for the exemption. You must complete the Surviving Spouse or Surviving Dependent Recertification at the time of each future application.

Surviving Spouse or Surviving Dependent Certification

Name of Fallen Responder (first, middle, last, suffix)
Surviving Spouse or Surviving Dependent must meet one of the qualifications listed below:
I am a Surviving Spouse who has not remarried.
I am an unmarried Surviving Dependent under the age of 18.
I am an unmarried Surviving Dependent who is a full time student and at least 18 years of age and under 23 years of age. Must provide transcript or class schedule showing at least 12 credits of classes (current or most recent semester) at the time of application.
I am an unmarried Surviving Dependent who was disabled before the age of 23 and remain a dependent of the Surviving Spouse or a guardian. Must provide proof of disability from certifying agency that provides benefits.

I certify that I am a Surviving Spouse or a Surviving Dependent of a Fallen Responder who was killed in the line of duty or died from injuries suffered in the line of duty.

Vehicle Identification Number, Year, Make, Plate Number, Owner Name (first, middle, last, suffix), Owner Signature, Date

Acknowledged before me this date. Notary or MVD Agent Signature, Date, County, State, Commission Expires

Employer Certification

I certify that the information below is true, complete and correct.

Employer of Fallen Responder, Date of Death of Fallen Responder, Employer Representative Signature, Date, Employer Representative Title

Surviving Spouse or Surviving Dependent Recertification

Name of Fallen Responder (first, middle, last, suffix)
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Surviving Spouse or Surviving Dependent must meet one of the qualifications listed below: <input type="checkbox"/> I am a Surviving Spouse who has not remarried. <input type="checkbox"/> I am an unmarried Surviving Dependent under the age of 18. <input type="checkbox"/> I am an unmarried Surviving Dependent who is a full time student and at least 18 years of age and under 23 years of age. <i>Must provide transcript or class schedule showing at least 12 credits of classes (current or most recent semester) at the time of application.</i> <input type="checkbox"/> I am an unmarried Surviving Dependent who was disabled before the age of 23 and remain a dependent of the Surviving Spouse or a Guardian. <i>Must provide proof of disability from certifying agency that provides benefits.</i>
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I recertify that I am a Surviving Spouse or a Surviving Dependent of a Fallen Responder.

Vehicle Identification Number	Year	Make	Plate Number
Owner Name (first, middle, last, suffix)	Owner Signature		Date

Acknowledged before me this date.	Notary or MVD Agent Signature		
Date	County	State	Commission Expires

Surviving Spouse or Surviving Dependent Recertification

Name of Fallen Responder (first, middle, last, suffix)
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Owner Name (first, middle, last, suffix)	Owner Signature		Date

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Surviving Spouse or Surviving Dependent Recertification

Name of Fallen Responder (first, middle, last, suffix)
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