

GOLD STAR LICENSE PLATE APPLICANT CERTIFICATION

Purpose: Immediate family members of individuals who have died in military service use this form (and the License Plate Application, VSA 10) to request a Gold Star license plate.

Instructions: Return the completed forms (VSA 10 and VSA 10A), with the applicable fees to any DMV customer service center. You may also mail the forms and fees to DMV at the above address.

PLATE INFORMATION

Virginia legislation provides that immediate family members of persons who have died in military service to their country can apply for special Gold Star license plates by submitting an application and written evidence that they are a motor vehicle owner and immediate family of a member of the armed forces of the United States who lost his or her life under any of the following conditions. Check the applicable condition.

- During World War I, World War II, or any subsequent period of armed hostilities in which the United States was engaged before July 1, 1958, or

- Anytime after June 30, 1958:
 - a. while engaged in an action against an enemy of the United States;

 - b. while engaged in military operations involving conflict with an opposing foreign force;

 - c. while serving with friendly forces engaged in an armed conflict in which the United States is not a belligerent party against an opposing armed force; or

- Anytime after March 28, 1973, as a result of:
 - a. an international terrorist attack against the United States or a foreign nation friendly to the United States, recognized as such an attack by the U.S. Secretary of Defense; or

 - b. military operations while serving outside the United States, including commonwealths, territories, and possessions of the United States, as part of a peacekeeping force.

The provisions of VA Code § 46.2-725 subdivisions B 1 and B 2 do not apply to Gold Star license plates.

APPLICANT INFORMATION

APPLICANT NAME	DECEASED SERVICE MEMBER NAME
APPLICANT RELATIONSHIP TO DECEASED SERVICE MEMBER (check applicable box)	
<input type="checkbox"/> Widow (remarried or not) <input type="checkbox"/> Stepmother	<input type="checkbox"/> Foster parents who stood in loco parentis <input type="checkbox"/> Brother
<input type="checkbox"/> Widower (remarried or not) <input type="checkbox"/> Stepfather	<input type="checkbox"/> Child <input type="checkbox"/> Half brother
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepchild <input type="checkbox"/> Sister
<input type="checkbox"/> Father <input type="checkbox"/> Father through adoption	<input type="checkbox"/> Adopted child <input type="checkbox"/> Half sister

CERTIFICATION

I hereby certify that the information contained in this certification is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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