



**VA DATE STAMP**  
 (DO NOT WRITE IN THIS SPACE)

**APPLICATION FOR AUTOMOBILE OR OTHER CONVEYANCE  
 AND ADAPTIVE EQUIPMENT (UNDER 38 U.S.C. 3901-3904)**

**INSTRUCTIONS:** Before completing this form, read the Privacy Act and Respondent on page 2. Use this form to apply for automobile or other conveyance and adaptive equipment allowance (38 U.S.C. Chapter 39). For more information, contact us at <https://iris.custhelp.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms). After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.**

**SECTION I - VETERAN/SERVICEMEMBER'S IDENTIFICATION INFORMATION**

**NOTE:** You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

1. VETERAN/SERVICEMEMBER'S NAME (First, Middle Initial, Last)		
2. SOCIAL SECURITY NUMBER  — —	3. VA FILE NUMBER (If applicable)	4. DATE OF BIRTH Month                      Day                      Year  —                                      —
5. VETERAN'S SERVICE NUMBER (If applicable)	6. TELEPHONE NUMBER (Include Area Code)  —                                      —  Enter International Phone Number (If applicable)	7. E-MAIL ADDRESS <input type="radio"/> I agree to receive electronic correspondence from VA in regards to my claim.

**NOTE:** A servicemember planning early release should give both present military address and planned address following release from active duty, in Items 8A and 8B.

8A. CURRENT ADDRESS (No. and Street or rural route, City or P.O., State and Zip Code)			
No. & Street	Apt./Unit Number	City	State/Province
			Country
		ZIP Code/Postal Code	—
8B. SERVICEMEMBER'S PLANNED ADDRESS FOLLOWING RELEASE FROM ACTIVE DUTY (No. and Street or rural route, City or P.O., State and Zip Code)			
No. & Street	Apt./Unit Number	City	State/Province
			Country
		ZIP Code/Postal Code	—

**SECTION II - APPLICATION INFORMATION**

9. BRANCH OF SERVICE <input type="radio"/> ARMY <input type="radio"/> NAVY <input type="radio"/> MARINE CORPS <input type="radio"/> AIR FORCE <input type="radio"/> COAST GUARD <input type="radio"/> SPACE FORCE <input type="radio"/> OTHER (Specify)			10. ARE YOU ON ACTIVE DUTY? <input type="radio"/> YES <input type="radio"/> NO
11A. PLACE OF ENTRY INTO ACTIVE DUTY		11B. DATE OF ENTRY Month                      Day                      Year  —                                      —	
11C. PLACE OF RELEASE FROM ACTIVE DUTY (If applicable)		11D. DATE OF RELEASE Month                      Day                      Year  —                                      —	
12A. HAVE YOU APPLIED FOR VA DISABILITY COMPENSATION? (If "Yes," give place) <input type="radio"/> YES <input type="radio"/> NO	12B. DATE YOU APPLIED Month                      Day                      Year  —                                      —		13. LOCATION OF VA OFFICE THAT HAS YOUR FILE (If known)
14. TYPE OF CONVEYANCE APPLIED FOR (Check one) <input type="radio"/> AUTOMOBILE <input type="radio"/> STATION WAGON <input type="radio"/> VAN <input type="radio"/> TRUCK <input type="radio"/> OTHER (Specify)			
15. HAVE YOU PREVIOUSLY APPLIED FOR AN AUTOMOBILE OR OTHER CONVEYANCE? (This is a once-per-lifetime grant) Month                      Day                      Year                      Place <input type="radio"/> YES <input type="radio"/> NO (If "Yes," give date and place)                      —                      —			

I hereby apply for the conveyance checked in Item 14 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.

16. SIGNATURE OF VETERAN OR SERVICEMEMBER (REQUIRED)  <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	17. DATE SIGNED Month                      Day                      Year  —                                      —
---	---



## INFORMATION AND INSTRUCTIONS

If you have questions about this form, how to fill it out, or about benefits, call VA toll-free at 1-800-827-1000

(If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711.)

You may also contact VA by Internet at <https://iris.custhelp.com/>

### A. What are automobile and adaptive equipment benefits and how does VA decide what I will or will not receive?

1. Allowance towards purchase of a vehicle - Veterans who are receiving compensation under 38 U.S.C. 1151 for any of the following disabilities are also eligible. This payment is a once-per-lifetime grant, and the amount paid is limited by law. Contact VA for the current rate.

A veteran or servicemember must possess one of the following disabilities as a result of injury or disease incurred or aggravated during active military service:

- loss or permanent loss of use of one or both feet, or
- loss or permanent loss of use of one or both hands, or
- permanent impairment of vision in both eyes with a
  - central visual acuity of 20/200 or less in the 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 that the widest diameter of visual field has an angular distance no greater than 20 degrees in the better eye, or
- Severe burn injury: Deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities or the trunk and preclude effective operation of an automobile, or
- amyotrophic lateral sclerosis (ALS).

**Important:** Do not purchase a vehicle until authorized by VA. VA is required by law to pay the benefit to the seller of the vehicle. Payment cannot be made to the veteran or servicemember.

### 2. Adaptive equipment

A veteran or servicemember who qualifies for the vehicle allowance also qualifies for adaptive equipment unless he or she is blind, requires a driver, or doesn't have a valid State driver's license or learner's permit. See the attached list for more information about adaptive equipment. **Important:** VA will not pay for the purchase of add-on adaptive equipment (equipment furnished by someone other than the automobile manufacturer) that is not approved by VA. Contact the nearest VA health care facility for more information on add-on equipment. The adaptive equipment benefit may be paid more than once, and it may be paid to either the seller or the veteran or servicemember.

3. Special drivers training for disabled veterans should contact the nearest VA health care facility to request this training.

### B. What conveyance may be purchased?

You may purchase a new or used automobile, truck, station wagon, or certain other types of conveyance if approved by VA.

### C. When should VA Form 21-4502 be submitted?

There is no time limit for filing a claim; however, the claim must be authorized by VA before you purchase the automobile or conveyance.

### D. Instructions to veteran or servicemember

1. Complete all items of Section I and II and submit to VA. Send the form to your nearest VA regional office.
2. VA will determine your eligibility and, if eligibility exists, VA will complete Section III and return the form to you.
3. Purchase a vehicle. When you receive the vehicle and the adaptive equipment from the seller, complete Section IV.
4. Give the original VA Form 21-4502 to the seller.
5. Submit any invoices for adaptive equipment and/or installation not included on the seller's invoice to the nearest VA health care facility. These invoices, identified with your full name and VA file number, must show the itemized net cost of any adaptive equipment and installation charges, any unpaid balance, and the make, year and model of the vehicle to which the equipment is added.

### E. Instructions to seller

1. Make sure that Section III of VA Form 21-4502 is completed and signed by VA.
2. Deliver the vehicle, including VA-approved adaptive equipment provided and/or installed by the seller.
3. Obtain the original copy of VA Form 21-4502 from the veteran or servicemember after he or she has completed Section IV.
4. Submit the original copy of VA Form 21-4502 and itemized invoice to the VA regional office shown in Section III, Attention: Financial Division, for payment. The itemized invoice must include the following:
  - The net cost of any approved adaptive equipment and installation charges. If certain items of approved adaptive equipment (automatic transmission, power seats, etc.) are included in the purchase price, also submit a copy of the window sticker.
  - A list of which adaptive equipment is standard on the vehicle or combined with other items.
  - The unpaid balance due on the vehicle which is to be paid by VA.
  - A certification that the amounts billed do not exceed the usual and customary cost for the purchase and installation of the adaptive equipment.

# ADAPTIVE EQUIPMENT FOR AUTOMOBILES AND SIMILAR VEHICLES

## IMPORTANT

Adaptive equipment for the operation of the vehicle cannot be provided if the veteran or servicemember is blind, requires a driver because of physical disability, or does not have a valid State driver's license or learner's permit. The list below shows the equipment that is authorized for the qualifying disabilities shown in Section II of VA Form 21-4502. Request approval from the nearest VA health care facility for any equipment not shown below, or if adaptive equipment is required for driver training and testing.

### A. BASIC EQUIPMENT

#### DISABILITY

- Loss of a foot (including loss of use).....
- Loss of both feet (including loss of use).....
- Loss of a hand (including loss of use).....
- Loss of a hand and a foot (including loss of use).....

#### ADAPTIVE EQUIPMENT

- Basic automatic transmission and power brakes
- Basic automatic transmission, power steering and power brakes.
- Basic automatic transmission and power steering.
- 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.