Claim for Tax Relief in Relation to Vehicles Purchased for use by Qualifying Organisations



The Drivers and Passengers with disabilities scheme provides repayment or remission of VAT and Vehicle Registration Tax (up to a certain limit) on the purchase of an adapted vehicle for transport of a person with specific severe and permanent physical disabilities.

Online application

- Please go to www.revenue.ie.
- Log onto myaccount or ROS.
- Select the Drivers and Passengers with Disabilities (DPD) option.
- Select the appropriate category that refers to your application.
- Complete and submit.

If everything is in order and your application has been successful, the exemption notification will be available for you to download straightaway. (A random number of applications will be selected for audit, this may delay the approval of some applications.)

If you are unable to complete your application online you may complete this paper form and submit to the address below.

How to complete this application form to claim this tax relief:

- Please use BLOCK LETTERS.
- Ensure all supporting documentation is attached to your application or everything will be returned to you.

More information is available about the Drivers and Passengers with Disabilities Scheme and can be accessed by downloading the leaflet **VRT7** from **www.revenue.ie** or by contacting the Central Repayments Office on 01 738 3671.

The form should be forwarded to the following address:

FRFFPOST

Office of the Revenue Commissioners
Central Repayments Office
Sarsfield House
Francis Street
Limerick
V94 R972

FORM DDO RPC018603_EN_WB_L_1

The Revenue Commissioners collect taxes and duties and implement customs controls. Revenue requires customers to provide certain personal data for these purposes and certain other statutory functions as assigned by the Oireachtas. Your personal data may be exchanged with other Government Departments and agencies in certain circumstances where this is provided for by law. Full details of Revenue's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available on our **Privacy** page on **www.revenue.ie**. Details of this policy are also available in hard copy upon request.



FORM DDO

FORM DDO Claim for Tax Relief in Relation to Vehicles Purchased for use by Qualifying Organisations



ORGANISATION DETAILS
Name:
Address
(incl. Eircode):
Telephone No.:
Tax Reference No.:
Charity Registration No.:
International Bank Account Number (IBAN) (Max. 34 characters)
Bank Identifier Code (BIC) (Max. 11 characters) Name on account
Vehicle Details
VIN No.: C.C.:
Fuel Times Dissel Defrei De LOC Webieles New Dissel Depart D
Fuel Type: Diesel Petrol LPG Vehicle: New Used Import L
Is the Vehicle the subject of a lease arrangement? Yes No
Garage Details
Name:
Address (incl. Eircode):
VAT No.:
Phone No.:
Please state are you claiming:
3. A vehicle adapted to transport five or more persons with a disability.* YES NO
4. If claiming as a driver please indicate the level of adaptation:
SPECIALLY SPECIFIC SPECIFIC EXTENSIVE
5. Is this your first application?
6. If answer to Q5 above is NO, please quote registration no.'s of vehicles already approved on this Scheme.
7. Does this vehicle replace any of the above vehicles?
8. How many persons do you provide care and transport for?
9. How many of these persons qualify under Regulation 3?
DECLARATION (This declaration must be completed by all applicants)
I wish to apply for relief from tax under the Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations 1994 (S.I. No 353 of 1994, as amended).
I hereby declare that the information on this form and on supporting documentation is true and correct to the best of my knowledge and belief.
I authorise repayment due to the Organisation to be paid directly to the above valid current bank account.
Signature: Date://
Name (Block Letters): Position in the Organisation:
Your email address & telephone no.:

It is an offence to make a false declaration for the purposes of obtaining relief from tax.

CHECKLIST

When submitting this form please ensure you have all of the following: 1. Fully Completed DDO 2. Copies of Primary Medical Certificates for disabled person(s) * Please note a minimum of 5 copies of Primary Medical Certificates are required if you answered YES to Q3 above Declaration of Conversion of a Vehicle (for a new vehicle) 3(a). or Suitably Qualified Individual (SQI) (for used vehicles) 3(b). Copy of quotation for the purchase of a new vehicle 4(a). or Copy of purchase invoice for the vehicle marked paid in full 4(b). Copy of quotation detailing the adaptations to be carried out on the 5(a). vehicle or 5(b). Copy of invoice detailing the adaptations carried out on the vehicle marked paid in full 6. Is the form signed and dated

Please retain original documentation as these may be requested for verification purposes.

The completed application form should be sent to:

Office of the Revenue Commissioners

Central Repayments Office

Sarsfield House

Francis Street

Limerick

V94 R972