

DEPARTMENT OF VETERANS AFFAIRS  
Regional Office  
380 Westminster Street  
Providence RI 02903

DATE

In Reply Refer To: 304/2127/AC  
CXXXXXXXXXX

NAME  
ADDRESS  
CITY, STATE, ZIP CODE

Dear Mr/Mrs Veteran:

The bottom portion of this letter is the form for the RI disabled Veterans Plate you requested.

Sincerely yours,

Veterans Service Center Manager

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VA FORM

STATE OF RHODE ISLAND

EXECUTIVE DEPARTMENT

CERTIFICATION BY DEPARTMENT OF VETERANS AFFAIRS

DATE: DATE

I hereby certify that the person named below is a veteran who meets the criteria set forth in RIGL 31-6-8 as indicated by the official record of this office.

C NO. XXXXXXXXX

NAME  
ADDRESS  
CITY, STATE, ZIP CODE

CERTIFIED BY: \_\_\_\_\_

Department of Veterans Affairs