



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

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. XXXXXXXXXXX

NAME
ADDRESS
CITY, STATE, ZIP CODE

CERTIFIED BY: _____

Department of Veterans Affairs