Form ST-13

COMMONWEALTH OF VIRGINIA SALES AND USE TAX CERTIFICATE OF EXEMPTION

To: _		Date:	
	(Name of Dealer)		
	(Number and Street or Rural Route)	(City, Town, or Post Office)	(State and ZIP Code)
	he Virginia Retail Sales and Use Tax Act provides that classes of tangible personal property shown in Items 1 tl gh 7.		
on an	The undersigned purchaser hereby certifies that all tanged after this date will be purchased or leased for the purplicate shall remain in effect until revoked in writing by the	oose indicated below, unless otherwise	specified on each order, and that this
<u>Med</u>	ical-Related Exemptions:		
	 Medicines, drugs, hypodermic syringes, arti contact lens storage containers when distrib devices applicable to the wearing or mainte of charge, and hearing aids dispensed by of dentists, optometrists, ophthalmologists, op practitioners, physician assistants, and vete 	outed free of charge, all solution nance of contact lenses or eyeg r sold on prescriptions or work of ticians, audiologists, hearing aid	is or sterilization kits or other glasses when distributed free orders of licensed physicians,
□ 2	2. Controlled drugs purchased for use by a lice licensed physician assistant in his or her proorganized as a sole proprietorship, partners corporation in which the shareholders and conurse practitioners, or licensed physician as nursing; medicines and drugs purchased for clinic, or similar corporation.	ofessional practice, regardless of thip or professional corporation, operators are all licensed physic desistants engaged in the practice	of whether such practice is or any other type of cians, optometrists, licensed to of medicine, optometry, or
	3. Medicines and drugs purchased for use or or prescription drugs and medicines and their in accordance with the Federal Food, Drug	packaging distributed free of ch	arge to authorized recipients
4	4. Wheelchairs and parts therefor, braces, cru- urinary accessories, other durable medical of specifically designed for those products; and chemical reagents which may be used by a or parts are purchased by or on behalf of ar equipment is equipment which (i) can withst serve a medical purpose, (iii) generally is no (iv) is appropriate for use in the home.	equipment and devices, and related insulin and insulin syringes, and diabetic to test or monitor blood in individual for use by such individual repeated use, (ii) is primarity	ated parts and supplies nd equipment, devices or d or urine, when such items vidual. Durable medical ily and customarily used to
	* * * Additional Exemptions are	on the reverse side of this	certificate. * * *

NOTE: THIS CERTIFICATE OF EXEMPTION WILL NOT BE VALID UNLESS THE BACK OF THIS FORM IS COMPLETED AND SIGNED BY THE PURCHASER.

5. Drugs and sup	oplies used in hemodialysis a	and peritoneal dialy	rsis.			
	6. Special equipment installed on a motor vehicle when purchased by a handicapped person to enable such person to operate the motor vehicle.					
	riters and computers and rela I by handicapped persons to ician.					
Name of purchaser			Certificate of Registration No., if a	ny		
	(Number and Street or Rural Route)	(City, Town, or Post Office)		(State and ZIP Code)		
I certify that I am authorized to sign this Certificate of Exemption and that, to the best of my knowledge and belief, it is true and correct, made in good faith, pursuant to the Virginia Retail Sales and Use Tax Act.						

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Information for dealer -- A dealer is required to have on file only one Certificate of Exemption properly executed by each purchaser buying or leasing tax exempt tangible personal property under this Certificate.

(Signature)