COMMONWEALTH OF VIRGINIA SALES AND USE TAX CERTIFICATE OF EXEMPTION

		Datealer			
	Name of Dea				
Number and Street or Rural Route		City, Town, or Post Office	State	State ZIP Code	
asse	s of tangible personal shown in Ite				
er on order	and after this date will be purchas, and that this Certificate shall ren	ed or leased for the purpose indicated	d below, unless otherwi	ise specified on	
al-R	elated Exemptions:				
1.	lens storage containers when di applicable to the wearing or maint hearing aids dispensed by or sold	stributed free of charge, all solutions tenance of contact lenses or eyeglasse on prescriptions or work orders of licer	s or sterilization kits of es when distributed free nsed physicians, dentist	r other devices e of charge, and ts, optometrists,	
2.	physician assistant in his or her a sole proprietorship, partnership shareholders and operators are a physician assistants engaged in	professional practice, regardless of wood or professional corporation, or any of lill licensed physicians, optometrists, licensed the practice of medicine, optometry,	whether such practice in other type of corporation censed nurse practition or nursing, or medical	is organized as on in which the ers, or licensed ines and drugs	
3.	drugs and medicines and their pa	ckaging distributed free of charge to au	uthorized recipients in a		
4.	accessories, other durable medical for those products; and insulin and be used by a diabetic to test or more of an individual for use by such in repeated use, (ii) is primarily and	al equipment and devices, and related p d insulin syringes, and equipment, de- onitor blood or urine, when such items ndividual. Durable medical equipment customarily used to serve a medical p	parts and supplies speci vices or chemical reagon or parts are purchased t is equipment which (in ourpose, (iii) generally is	ifically designed ents which may by or on behall) can withstand	
	rginia asse 1 thro- nderser on order box 1.	rginia Sales and Use Tax Act provides to asses of tangible personal shown in Item 1 through 7. Indersigned purchaser hereby certifies there on and after this date will be purchasorder, and that this Certificate shall rembox below. Indersigned Exemptions: 1. Medicines, drugs, hypodermic synlens storage containers when diapplicable to the wearing or mainthearing aids dispensed by or sold ophthalmologists, opticians, audiassistants, and veterinarians. 2. Controlled drugs purchased for use physician assistant in his or here a sole proprietorship, partnership shareholders and operators are an physician assistants engaged in purchased for use or consumptions. 3. Medicines and drugs purchased drugs and medicines and their partnership shareholders and parts therefor, by accessories, other durable medication for those products; and insulin an be used by a diabetic to test or more of an individual for use by such in repeated use, (ii) is primarily and	Number and Street or Rural Route City, Town, or Post Office It through To below when purchase and use tax shal asses and use	Number and Street or Rural Route City, Town, or Post Office State rginia Sales and Use Tax Act provides that the Virginia sales and use tax shall not apply to the medicasses of tangible personal shown in Items 1 through 7 below when purchased for the specific purp 1 through 7. Indersigned purchaser hereby certifies that all tangible personal property purchased or leased from the er on and after this date will be purchased or leased for the purpose indicated below, unless otherworder, and that this Certificate shall remain in effect until revoked in writing by the Department of Tobox below. al-Related Exemptions: 1. Medicines, drugs, hypodermic syringes, artificial eyes, contact lenses, eyeglasses, eyeglass calens storage containers when distributed free of charge, all solutions or sterilization kits of applicable to the wearing or maintenance of contact lenses or eyeglasses when distributed free hearing aids dispensed by or sold on prescriptions or work orders of licensed physicians, dentist ophthalmologists, opticians, audiologists, hearing aid dealers and fitters, nurse practitions.	

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

Form ST-13

	5. Drugs and supplies used in hemodialysis and peritoneal dialysis.						
	Special equipment installed on a motor vehicle when purchased by a handicapped person to enable such person to operate the motor vehicle.						
	7. Special typewriters and computers and related parts and supplies specifically designed for those products us by handicapped persons to communicate when such equipment is prescribed by a licensed physician.						
Name	e of purchaser	Virginia Account No., if a	iny				
	Number and Street or Rural Route	City, Town or Post Office	State	Zip Code			
	ify that I am authorized to sign this Certificorrect, made in good faith, pursuant to the	•	,	I belief. it is true			
Ву							
	Signa	ature	Title				

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.