

**WISCONSIN MEDICAID
LONG-TERM CARE (LTC) WAIVER VEHICLE MODIFICATION ATTESTATION**

INSTRUCTIONS: Type or print clearly.

I attest:

- The organization/agency is registered as a “vehicle modifier” with the National Highway Traffic Safety Administration in accordance with 49 C.F.R. 595.6.
- The organization/agency meets the requirements outlined in 49 C.F.R. 595.7.
- Equipment is installed according to the manufacturer’s requirements and instructions.

I agree and attest to the above. The individual signing must be the applicant or legal representative of your organization.

First Name	Last Name
Title	Date Signed

SIGNATURE
