

APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION

Purpose: Use this form to apply for a title and/or to register a passenger vehicle, truck, motor home (RV), or for-hire vehicle.
Instructions: Complete this form and return to any DMV customer service center (CSC). DMV may request proof of any information provided.

ACQUISITION TYPE (check all that apply)					
<input type="checkbox"/> Abandoned Vehicle (Complete VSA 40)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Leased	<input type="checkbox"/> Replica	<input type="checkbox"/> Mechanic's Lien/Storage Lien (Complete VSA 41)	
<input type="checkbox"/> Original Title is Electronic (No paper attached)	<input type="checkbox"/> Replevin	<input type="checkbox"/> Rental	<input type="checkbox"/> Reconstructed	<input type="checkbox"/> Repossession (vehicle must be in your possession)	
	<input type="checkbox"/> Seizure		<input type="checkbox"/> Specially Constructed		

OWNER INFORMATION			
Application Type: Check one (if applicable): <input type="checkbox"/> Title <input type="checkbox"/> Title and Registration (license plates issued)			
NO PAPER TITLE- Check this box <input type="checkbox"/> if you do not want a paper title issued to you. An electronic Certificate of Title will remain on file for this vehicle at DMV.			
If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co-owner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OWNER'S FULL LEGAL NAME (last)	(first)	(mi)	(suffix) SOCIAL SECURITY NUMBER/FEIN
CO-OWNER'S FULL LEGAL NAME (last)	(first)	(mi)	(suffix) SOCIAL SECURITY NUMBER/FEIN
If you change your residence/home or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.			
RESIDENCE/HOME ADDRESS (Apt. # if applicable)	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above) OPTIONAL	CITY	STATE	ZIP CODE
CO-OWNER'S RESIDENCE ADDRESS (if different from above)	CITY	STATE	ZIP CODE
Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RESIDENCE JURISDICTION	LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF _____		

LIEN INFORMATION			
Is there a lien on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete this section.			
DATE OF FIRST LIEN (mm/dd/yyyy)	LIENHOLDER NAME	LIENHOLDER CODE	
LIENHOLDER MAILING ADDRESS	CITY OR TOWN	STATE	ZIP CODE
DATE OF SECOND LIEN (mm/dd/yyyy)	LIENHOLDER NAME	LIENHOLDER CODE	
LIENHOLDER MAILING ADDRESS	CITY OR TOWN	STATE	ZIP CODE

SOURCE OF OWNERSHIP INFORMATION			
How was this vehicle sold to you? (check one) <input type="checkbox"/> USED <input type="checkbox"/> NEW <input type="checkbox"/> DEMONSTRATOR		VA DEALER LICENSE NUMBER	RENTOR NUMBER
VEHICLE PURCHASED FROM	PURCHASE DATE (mm/dd/yyyy)	SALES PRICE	PROCESSING FEE SALES AND USE TAX
STREET ADDRESS	CITY	STATE	ZIP CODE

VEHICLE INFORMATION						
YEAR	MAKE	MODEL	PREVIOUS TITLE NUMBER	STATE		
BODY TYPE	NUMBER OF AXLES	FUEL TYPE	EMPTY WEIGHT	GROSS WEIGHT	GVWR	GCWR
VEHICLE COLOR PRIMARY _____ SECONDARY _____				IS THIS A LOW SPEED VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A LOGGING VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VEHICLE IDENTIFICATION NUMBER						
IS VEHICLE STATE OR LOCALITY-OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, enter agency code	Name of Unit having operational control			

PRIVACY NOTICE

The information, including Social Security Number, is requested in accordance with Virginia Code §§ 46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a Certificate of Title and/or registration. Titles and registration records may be disseminated, in accordance with §§ 46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.

PERSONAL PROPERTY TAX RELIEF ELIGIBILITY (Passenger vehicles only)
Does your vehicle qualify for car tax relief? If you can answer YES to any of the following questions, your motor vehicle is considered by State law to have a business use and does NOT qualify for Personal Property Tax Relief. <ol style="list-style-type: none"> 1. Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer? 2. Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for federal income tax purposes? 3. Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code? 4. If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?
This vehicle is for: <input type="checkbox"/> Personal Use <input type="checkbox"/> Business Use (See business use criteria above.)

LOG NUMBER

TITLE NUMBER

ODOMETER STATEMENT

ODOMETER READING (no tenths) Federal and state laws require that you state the mileage in connection with the transfer of ownership. Failure to complete the statement or providing a false statement may result in fines and/or imprisonment.

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:
 The mileage stated is in excess of its mechanical limits. The odometer reading is not the actual mileage. (WARNING: Odometer discrepancy.)
 The model year is at least 10 years or older than the current calendar year and was exempt from odometer disclosure in the prior state of title. (Applicant must present the out-of-state title showing the exemption)

REGISTRATION INFORMATION

REGISTRATION PERIOD (check one): ONE-YEAR TWO-YEAR (\$2 discount applies)
 REGISTRATION TYPE (check one:) PRIVATE RENTAL VOLUNTEER EMERGENCY VEHICLE FOR HIRE
 FOR-HIRE VEHICLE USE (check all that apply) Operating Authority Interstate Operations Only (Less than 26,001 lbs) Exempt Commodity Operations
 Leased to a Motor Carrier
 If you checked Operating Authority or Leased to a Motor Carrier, check all of the following for which the vehicle is used:
 Carrier Passengers (Regular Routes) Carrier Passengers (Irregular Routes) Non-Profit/Tax-Exempt Employee Hauler Taxicab
 Bulk Property Carrier Contract Bus Carrier Contract Passenger Carrier Sight-Seeing Carrier Household Goods Carrier Property Carrier

TYPE OF PLATE REQUESTED

TRANSFER PLATE NUMBER (check one): <input type="checkbox"/> STANDARD (Blue and White) SCENIC: <input type="checkbox"/> MOUNTAIN TO SEASHORE <input type="checkbox"/> AUTUMN <input type="checkbox"/> PATRIOT <input type="checkbox"/> HERITAGE (DOGWOOD/CARDINAL) ANTIQUE: (Not for General Transportation Use - VSA 10B certification required) <input type="checkbox"/> BLACK AND WHITE <input type="checkbox"/> ANTIQUE YELLOW <input type="checkbox"/> VINTAGE <input type="checkbox"/> VINTAGE (General Transportation Use)	PERMANENT PLATES - may be issued to trailers (except travel trailers), semi-trailers; trucks/tractor trucks with a GVWR or GCWR of more than 26,000 lbs; taxis; common carrier for-hire vehicles; truck/tractor trucks with GVWR or GCWR of 7,501 lbs to 26,000 lbs. if used for business only or farming. TRAILER PERMANENT - one-time fee (check one): <input type="checkbox"/> Regular Size Plate <input type="checkbox"/> Small Size Plate (Gross weight of trailer must be 4,000 lbs or less.) FOR HIRE PASSENGER PERMANENT (check one): <input type="checkbox"/> E Permanent Plate <input type="checkbox"/> Passenger Permanent <input type="checkbox"/> Great Seal Permanent <input type="checkbox"/> Mountain to Seashore Permanent Plate
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LEASED VEHICLE INFORMATION

Do you wish to have the vehicle renewal card mailed to the lessee? YES NO If yes, provide the information requested below.

LESSEE'S FULL LEGAL NAME (last)	(first)	(mi)	(suffix)
CO-LESSEE'S FULL LEGAL NAME (last)	(first)	(mi)	(suffix)
STREET ADDRESS (APT #, IF APPLICABLE)	CITY	STATE	ZIP CODE

POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA

Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.

INSURANCE CERTIFICATION

I/We certify that (check one):
 This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered.
 This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. (This fee provides no insurance coverage.) A vehicle must be insured with liability coverage when it is registered, and it must remain insured while registered, whether or not it is operated, or the uninsured motor vehicle fee must be paid. Penalties are severe for violation of this requirement

CERTIFICATION

I certify under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.

SIGNATURE OF APPLICANT	DATE (mm/dd/yyyy)
SIGNATURE OF CO-APPLICANT	DATE (mm/dd/yyyy)

DMV USE ONLY

WITH LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		PROOF OF ADDRESS (specify proof document(s) presented)					
PLATE NUMBER	PLATE TYPE	EXPIRATION DATE		IF HELD, REASON:			
SALES PRICE	\$	TRANSFER FEE	\$	CLERK STAMP			
PROCESSING FEE	\$	REGISTRATION FEE	\$				
SALES & USE TAX	\$	WEIGHT INCREASE FEE	\$			UMV FEE	\$
TITLE FEE	\$	PERSONALIZED PLATE FEE	\$			DEALER SURCHARGE	\$
				TOTAL	\$		