

APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION

PURPOSE: Use this form to apply for a title and/or to register a passenger vehicle, motorcycle, truck, motor home (RV), or trailer.

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"/> Original Title is Electronic (No paper attached)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Replica	<input type="checkbox"/> Converted Electric	<input type="checkbox"/> Repossession (Vehicle must be in your possession)
<input type="checkbox"/> Leased	<input type="checkbox"/> Replevin	<input type="checkbox"/> Reconstructed	<input type="checkbox"/> Abandoned Vehicle (Complete VSA 40)	<input type="checkbox"/> Beneficiary Information (Complete VSA 18)
<input type="checkbox"/> Rental	<input type="checkbox"/> Seizure	<input type="checkbox"/> Specially Constructed	<input type="checkbox"/> Mechanic's Lien/Storage Lien (Complete VSA 41)	

OWNER INFORMATION			
APPLICATION TYPE: <input type="checkbox"/> Title		Electronic Title Option -- I want DMV to maintain an electronic certificate of title on file for this vehicle. (No paper title will be issued) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Check one: <input type="checkbox"/> Title and Registration (license plates issued)			
Check one: <input type="checkbox"/> Vehicle is owned by individual(s).	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		
<input type="checkbox"/> Vehicle is business owned.			
OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.			RESIDENCE/BUSINESS JURISDICTION
OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE

ADDITIONAL INFORMATION			
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED		Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF _____			
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL	CITY	STATE	ZIP CODE

LEASE INFORMATION (if applicable)			
LESSEE'S FULL LEGAL NAME (last, first, mi, suffix)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
LESSEE'S RESIDENCE/BUSINESS ADDRESS	CITY	STATE	ZIP CODE

LIEN INFORMATION			
IS THERE A LIEN ON THIS VEHICLE? <input type="checkbox"/> YES - YOU MUST COMPLETE THIS SECTION <input type="checkbox"/> NO - SKIP TO THE NEXT SECTION			
DATE OF FIRST LIEN (mm/dd/yyyy)	LIENHOLDER NAME	LIENHOLDER CODE	
LIENHOLDER MAILING ADDRESS	CITY	STATE	ZIP CODE
DATE OF SECOND LIEN (mm/dd/yyyy)	LIENHOLDER NAME	LIENHOLDER CODE	
LIENHOLDER MAILING ADDRESS	CITY	STATE	ZIP CODE

VEHICLE INFORMATION							
YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER (VIN)	NUMBER OF AXLES		
EMPTY WEIGHT	GROSS WEIGHT	GROSS VEHICLE WEIGHT RATING (GVWR)	GROSS COMBINATION WEIGHT RATING (GCWR)	IS VEHICLE POWERED BY AN ALL ELECTRIC ENGINE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
FUEL TYPE	VEHICLE COLOR	PRIMARY	SECONDARY	PREVIOUS TITLE NUMBER	STATE	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
IS VEHICLE STATE OR LOCALITY-OWNED? <input type="checkbox"/> YES - enter agency code <input type="checkbox"/> NO	AGENCY CODE	NAME OF UNIT HAVING OPERATIONAL CONTROL					

PERSONAL PROPERTY TAX RELIEF ELIGIBILITY (Passenger vehicles only)		
1. Answer the questions below to determine if your vehicle qualifies for car tax relief.		YES NO
a. 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?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for federal income tax purposes?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code?	<input type="checkbox"/>	<input type="checkbox"/>
d. If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you answered YES to ANY of the above questions, check Business Use. Your vehicle is considered by State law to have a business use and does NOT qualify for Personal Property Tax Relief. <input type="checkbox"/> BUSINESS USE		
3. If you answered NO to ALL of the above questions, check Personal Use and answer the question below.		
<input type="checkbox"/> PERSONAL USE -- Is this vehicle held in a private trust for non-business purposes by an individual beneficiary?		<input type="checkbox"/> YES <input type="checkbox"/> NO

LOG NUMBER

TITLE NUMBER

SOURCE OF OWNERSHIP INFORMATION						
DEALERS ONLY	VA DEALER LICENSE NUMBER	HOW WAS THIS VEHICLE SOLD TO YOU? (check one) <input type="checkbox"/> USED <input type="checkbox"/> NEW <input type="checkbox"/> DEMONSTRATOR			RENTOR NUMBER	PURCHASE DATE (mm/dd/yyyy)
	MANUFACTURER REBATE/INCENTIVE	SALES PRICE	PROCESSING FEE	SALES AND USE TAX	VEHICLE PURCHASED FROM	
STREET ADDRESS				CITY	STATE	ZIP CODE

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: (check one) <input type="checkbox"/> The odometer reading above is the ACTUAL MILEAGE of the vehicle.	
<input type="checkbox"/> The odometer reading above is NOT the ACTUAL MILEAGE. (Odometer discrepancy.) <input type="checkbox"/> The odometer reading above is IN EXCESS of its mechanical limits.	
<input type="checkbox"/> 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:)	<input type="checkbox"/> ONE YEAR <input type="checkbox"/> TWO YEARS (\$2 discount applies) <input type="checkbox"/> TRANSFER _____ (enter plate number)
REGISTRATION TYPE (check one:)	<input type="checkbox"/> PRIVATE <input type="checkbox"/> RENTAL <input type="checkbox"/> FOR HIRE (complete For Hire Information below)

FOR HIRE INFORMATION																		
Check to indicate how the vehicle being registered will be used. (check all that apply)																		
<table border="0"> <tr> <th colspan="3">PASSENGER CARRIER OPERATIONS</th> </tr> <tr> <td><input type="checkbox"/> Common Carrier - Regular Route</td> <td><input type="checkbox"/> Employee Hauler</td> <td><input type="checkbox"/> Sight-seeing Carrier</td> </tr> <tr> <td><input type="checkbox"/> Common Carrier - Irregular Route</td> <td><input type="checkbox"/> Contract Passenger Carrier</td> <td><input type="checkbox"/> Non-Emergency Medical Transport</td> </tr> <tr> <td><input type="checkbox"/> Nonprofit/Tax-Exempt</td> <td><input type="checkbox"/> Taxicab</td> <td><input type="checkbox"/> Exempt Operations - Passengers *</td> </tr> </table>	PASSENGER CARRIER OPERATIONS			<input type="checkbox"/> Common Carrier - Regular Route	<input type="checkbox"/> Employee Hauler	<input type="checkbox"/> Sight-seeing Carrier	<input type="checkbox"/> Common Carrier - Irregular Route	<input type="checkbox"/> Contract Passenger Carrier	<input type="checkbox"/> Non-Emergency Medical Transport	<input type="checkbox"/> Nonprofit/Tax-Exempt	<input type="checkbox"/> Taxicab	<input type="checkbox"/> Exempt Operations - Passengers *	<table border="0"> <tr> <th>PROPERTY CARRIER OPERATIONS</th> </tr> <tr> <td><input type="checkbox"/> Bulk Property Carrier</td> </tr> <tr> <td><input type="checkbox"/> Property Carrier</td> </tr> <tr> <td><input type="checkbox"/> Household Goods Carrier</td> </tr> <tr> <td><input type="checkbox"/> Exempt Operations - Property</td> </tr> </table>	PROPERTY CARRIER OPERATIONS	<input type="checkbox"/> Bulk Property Carrier	<input type="checkbox"/> Property Carrier	<input type="checkbox"/> Household Goods Carrier	<input type="checkbox"/> Exempt Operations - Property
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* You must also complete the For-Hire Vehicles Registration Request (MCS115)																		
Do you hold a valid intrastate operating authority certificate/permit? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, and you are a passenger carrier you must also complete the For-Hire Vehicles Registration Request (MCS115).																		

TYPE OF PLATE REQUESTED	
Select requested plate type: (see note below)	
<input type="checkbox"/> Special Plate (enter type) _____	(examples: Cardinal, Great Seal, Heritage, etc.)
<input type="checkbox"/> Trailer Permanent - (one time fee) select size: <input type="checkbox"/> Regular size plate <input type="checkbox"/> Small size plate	(trailer gross weight must be 4,000 lbs or less)
<input type="checkbox"/> For Hire Plate (enter description): _____	(examples: Taxi, Passenger For Hire, Truck For Hire, Tow Truck, Tractor For Hire, etc.)
NOTE: Virginia offers more than 200 unique plates for our customers. Please visit www.dmvNow.com for a listing of special plates available. Not all plates are available for all vehicle types and some special plates require a certification form. Review our website for additional information.	

INSURANCE CERTIFICATION	
I/We certify that (check one):	
<input type="checkbox"/> 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, whether or not it is operated. Penalties are severe for violation of this requirement.	
<input type="checkbox"/> 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/We certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.		
APPLICANT NAME (print)	SIGNATURE OF APPLICANT	DATE (mm/dd/yyyy)
CO-APPLICANT NAME (print)	SIGNATURE OF CO-APPLICANT	DATE (mm/dd/yyyy)

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. Title and registration records may be disseminated in accordance with §§46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.

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.

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:		CSR STAMP	
SALES PRICE \$		TITLE FEE \$				
PROCESSING FEE \$		TRANSFER FEE \$	UMV FEE \$			
SALES & USE TAX \$		REGISTRATION FEE \$	WEIGHT INCREASE FEE \$			
DEALER SURCHARGE \$		PERSONALIZED PLATE FEE \$	HYBRID/ELECTRIC \$		TOTAL \$	