



# APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION

APPLICATION FOR CERTIFICATE OF (check one)  Title  Title and Registration  Title to a Manufactured Home

ACQUISITION (check if applicable):  Seizure  Replevin  Repossession (vehicle must be in your possession)  Leased  Rental  Abandonment (complete form VSA-40 also)  Court Order  Mechanic's Lien/Storage Lien (complete form VSA41 also)

ALL APPLICANTS MUST COMPLETE SECTION 1,3,4,5, AND 9. COMPLETE SECTIONS 2,6,7, & 8 IF REQUIRED.

<b>1. OWNER INFORMATION</b>		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 owner named on this title? <input type="checkbox"/> YES <input type="checkbox"/> NO					
OWNER'S NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NO. OR EMPLOYER ID NO.			
CO-OWNER'S NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NO. OR EMPLOYER ID NO.			
<small>If you change your residence/home address or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.</small>							
RESIDENCE/HOME ADDRESS (Apt. # if applicable)		CITY	STATE	ZIP CODE			
MAILING ADDRESS (if different from above OPTIONAL)		CITY	STATE	ZIP CODE			
CO-OWNER'S ADDRESS (if different from above)		CITY	STATE	ZIP CODE			
RESIDENCE JURISDICTION			Check if you are an active member of Military Service claiming residency in a state other than Virginia. <input type="checkbox"/>				
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED		<input type="checkbox"/> CITY	<input type="checkbox"/> TOWN	<input type="checkbox"/> COUNTY OF	STATE:		
<b>2. LIEN INFORMATION</b>		Is this vehicle secured with a lien? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, complete this section.			
DATE OF FIRST LIEN (MM/DD/YY)	LIEN HOLDER'S NAME			ELECTRONIC LIENHOLDER CODE			
LIEN HOLDER'S MAILING ADDRESS		CITY	STATE	ZIP CODE			
DATE OF SECOND LIEN (MM/DD/YY)	LIEN HOLDER'S NAME			ELECTRONIC LIENHOLDER CODE			
LIEN HOLDER'S MAILING ADDRESS		CITY	STATE	ZIP CODE			
<b>3. SOURCE OF OWNERSHIP</b>		VEHICLE SOLD TO YOU AS (CHECK ONE): <input type="checkbox"/> USED <input type="checkbox"/> NEW <input type="checkbox"/> DEMONSTRATOR		VA. DEALER LICENSE NO.	RENTOR NO.	DATE OF PURCHASE	
SALE PRICE	PROCESSING FEE	SALES & USE TAX		FROM WHOM PURCHASED:			
STREET ADDRESS		CITY	STATE	ZIP CODE			
<b>4. VEHICLE INFORMATION</b>		MAKE		BODY TYPE		MODEL YEAR	
PREVIOUS TITLE NUMBER		STATE	VEHICLE IDENTIFICATION NUMBER (VIN)		COLOR OF VEHICLE	PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/>	
GROSS WEIGHT	EMPTY WEIGHT	GVWR	GCWR	NO. OF AXLES	FUEL TYPE	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	
<b>5. ODOMETER STATEMENT</b>		Federal and state law requires that you state the mileage in connection with the transfer of ownership. Failure to do so or providing a false statement may result in fines and/or imprisonment.					
I CERTIFY THAT THE ODOMETER READING IS: _____ (no tenths) AND TO THE BEST OF MY KNOWLEDGE (check one):							
<input type="checkbox"/> Odometer reading is the actual mileage of the vehicle							
<input type="checkbox"/> The mileage stated is in excess of its mechanical limits							
<input type="checkbox"/> Odometer reading is not the actual mileage (WARNING: Odometer discrepancy)							
<b>6. LEASING INFORMATION</b>		COMPLETE ONLY FOR LEASED VEHICLE:		DO YOU WISH TO HAVE VEHICLE RENEWAL CARD MAILED TO LESSEE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide the information requested below			
LESSEE'S NAME				CO-LESSEE'S NAME			
ADDRESS (Apt. # if applicable)		CITY	STATE	ZIP CODE			

LOG NUMBER:

TITLE NUMBER:

# 7. MANUFACTURED HOME

MANUFACTURED HOME DIMENSIONS

LENGTH:

FT. X WIDTH:

FT.

COMPLETE IF THIS IS A MANUFACTURED HOME

MANUFACTURED HOME ADDRESS (if different from reverse side)

COMPLETE FOR MULTI-STAGE VEHICLES ONLY (a vehicle is multi-stage if its chassis and body are manufactured as separate units with different make, model year, and/or chassis ID)

CHASSIS MAKE

MODEL YEAR

CHASSIS IDENTIFICATION NUMBER

SEATING CAPACITY (Buses Only)

## 8. REGISTRATION

NOTE: If this vehicle's length, width or height exceeds statutory requirements, applicant must contact the Department of Transportation for a special permit prior to its being moved on the public highways since license plates cannot be issued.

CHECK TYPE OF REGISTRATION FOR WHICH YOU ARE APPLYING:

PRIVATE  FOR HIRE  RENTAL

ANTIQUE:  BLACK & WHITE

VOLUNTEER EMERGENCY VEHICLE

TRANSFER OF LICENSE NUMBER

ONE-YEAR or  TWO-YEAR  PERMANENT

(Check One)  ANTIQUE YELLOW

No month or year decals will be issued. Vehicle must have a GVWR or GCWR of 26,001 Lbs or more, or 7,501" or more if the truck/tractor is owned by a business or a farm. Annual or Bi-annual fees required. For Permanent Trailer Only No month or year decals will be issued. A one-time fee applies.

Check here if you do not wish to participate in Virginia's 400th Anniversary Program.

For Permanent Tractor/Truck Only

CHECK TYPE OF PLATE REQUESTED:  REGULAR  HERITAGE (Dogwood- Cardinal)

SCENIC:  MOUNTAIN TO SEASHORE  AUTUMN  PATRIOT

### 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 (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.

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

PURSUANT TO VA. CODE SECTION 46.2-601, I/WE APPOINT THE COMMISSIONER OF THE DEPARTMENT OF MOTOR VEHICLES OF THE COMMONWEALTH OF VIRGINIA, AS MY/OUR LEGAL AGENT UPON WHOM ALL LEGAL PROCESS TO 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 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.

## 9. CERTIFICATION

All owners must complete and sign this section. Any willful misinformation given on this form with fraudulent intent may be punishable as provided by law.

Is this a state- or locally- owned vehicle?  NO  YES

If yes, enter agency code:

Unit having operational control:

SIGNATURE OF APPLICANT

DATE / /  
MM DD YY

SIGNATURE OF CO-APPLICANT

DATE / /  
MM DD YY

### NOTICES

**PRIVACY ACT NOTICE:** The information, including Social Security Number, is requested in accordance with Section 46.2-623. (Code of Virginia). 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 Section 46.2-208 through Section 46.2-214, to business, law enforcement, or authorized government entities.

**AMERICANS WITH DISABILITIES ACT:** If you need special assistance to use this form, or if you need this form in an alternate format, please notify a DMV Customer Service Center Manager so we may make arrangements to accommodate your needs.

**VEHICLE SAFETY REQUIREMENTS:** Motor vehicles registered in Virginia require safety inspection every 12 months. Trailers with separate braking systems must also be inspected. A vehicle may be inspected at inspection stations licensed by the State Police, including many service stations and auto repair shops. A valid safety inspection sticker must be displayed on the vehicle.

**VEHICLE SUN-SHADING REQUIREMENTS:** Virginia's sun-shading requirements for the minimum percent of light allowed are as follows: Regular passenger vehicles = front side windows - 50%; rear side and rear windows - 35%; and windshield = no sun-shading allowed. Multi-purpose passenger vehicles and pickup trucks - 50%; rear side and rear windows = no limitations, and windshield - no sun-shading allowed. Contact the State Police, if you have questions about whether the sun-shading on your vehicle meets these requirements. DMV is authorized to issue waivers to individuals who have medical conditions requiring restriction from sunlight or bright artificial light.

### THIS SECTION FOR DMV USE ONLY

WITH LIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	SALE PRICE	
CLERK	PROCESSING FEE	
PLATE NUMBER	TAX	
EXPIRATION DATE	TITLE FEE	
PLATE TYPE	REGISTRATION FEE	
IF HELD, GIVE REASON:	UMV FEE	
	TRANSFER FEE	
	DHCD * (\$10.00)	
	TOTAL	

### CLERK STAMP