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# **Application for**

REMARKS:	TITLE FEE

SE ONLY	DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1995 LANA MAY THE, SALE MORECON 97314													VIN FEE	
DMV USE	Complete all applicable areas. MAIL TO: DMV, 1905 Lana Ave NE, Salem OR 97314; or take to any DMV office.														
MO	MPO		VIN INSPECTION LEV COMPLIAN	N: DA	TE / INITIA	-		,		DEALER TRANS:	R I	EALER#		REG/REN FEE	
VEHICLE INFORMATION	VEHICLE IDENTIFICATION NUMBER (VIN)  ORE								EGON TITLE# GVWR					COUNTY FEE	
	PRESENT OREGON PLATE # YEAR			MAKE ST			YLE REG WEIG			T/LENGTH TRAILER C 8 1/2 FEET					
	3	FARM ID #	FLEET ACCOUNT #	EQUIPMENT #	GAS ELECT	DIESEL RIC PROPANE		YBRID ATURAL AS	PLUG-II HYBRID OTHER		LEX-FUEL	TRAILER OV 8,000 LBS.	VER YE		
	odometer disclosure listed is true and correct and a disclosure is not available on the required form from the seller. Providing an odometer reading for a vehicle model year 2010 or older is voluntary.														
	ODOMETER READING (NO TENTHS)  DATE OF READING (MM/DD/YYYY)  DATE OF READING (MM/DD/YYYY)  Lettify that, to the best of my knowledge, the odometer re is actual mileage UNLESS one of these boxes is marked:  the mileage stated is in excess of its mechanical limits (had the odometer reading is NOT actual mileage.								marked: WAR	NING - odome	ter discrepancy				
						regarding this vehicle. ine 5. See reverse for m			on Lines 8 a	nd 9. (This	in no way	determines a pri	ority of owne	rship.) If any owner	
	5	PRINT FULL LEGAL	NAME: LAST, FIRST, M	IIDDLE OF (chec	k one)	OWNER OR		LESSEE			/ CUSTOMI			RTH (MM/DD/YYYY)	
ESS	6		JSINESS ADDRESS - (	Address will be use					,		n residence – v	will be used to upda	ate your ODL / ID	card)	
OWNER or LESSEE / ADDRESS	7	CITY, STATE, ZII	P CODE		co	UNTY OF RESIDENCE		CITY, STATI	E, ZIP COD	ZIP CODE				COUNTY OF MAILING	
OWNE SEE / /	JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)  ODL / ID / CUSTOMER # DATE OF BIRT												RTH (MM/DD/YYYY)		
r LES	JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)  ODL / ID / CUSTOMER # DATE OF										DATE OF BI	RTH (MM/DD/YYYY)			
0	ONE-TIME MAILING ADDRESS (Will not change your customer record)  Reg. Only VEHICLE ADDRESS (Vehicle location if different from residence, or park model RV site Title Only Both														
	CITY, STATE, ZIP CODE COUNTY (of vehicle												verlicle address of us		
	(12)	JRVIVORSH			0	e that title will show jo agree that title will sh			0		urvivorship	<b>→</b>	YES YES	NO NO	
Œ	Contraction in the country interest residence unit time will check in the residence in the country interest residence unit regime to country interest country in the country interest residence unit regime to country in the country i												RTH (MM/DD/YYYY)		
HOLDI	SECURITY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE												TELEPHONE	Ε#	
SECURITY INTEREST HOLDE	SECONDARY INTEREST HOLDER (Bank, Finance Company, Person, etc.)  ODL / ID / CUSTOMER #											ER#	DATE OF BI	RTH (MM/DD/YYYY)	
ITY INTE	SECONDARY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE  16												TELEPHONE ( )	Ξ #	
URIT	LESSOR (Complete only if lessee is shown as owner on Line 5 above)  ODL / ID / CUSTOMER #										ER#	DATE OF BI	RTH (MM/DD/YYYY)		
SEC	LESSOR ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE  TELEPHONE ( )											≣#			
CERTIFICATIONS	Under Oregon law, it is a crime to knowingly make any false statement on an application for title or registration (ORS 803.070, 803.375 and These offenses are Class A misdemeanors and punishable by a jail sentence of up to one year, a fine of up to \$6,250 or both. By signing this appoint on this form is true and correct and agree with all applicable statements below and on the back of this form.  INSURANCE: I certify to one of the following: 1) If this application includes registration, and this motor vehicle is subject to financial responsibility laws, I am in compliance and will remain until the vehicle is transferred; or 2) If this application includes a registration renewal for a motor vehicle, this vehicle is covered by the motor vehicle liability insurance policy listed below.  POLICY #  DOMICILE / RESIDENCY: My place of domicile (home) is in Oregon, or I am otherwise eligible or required to register the vehicle under Oregon law (ORS 803.200, 803.350 and 803.360).  VEHICLE USE: If this is initial registration of a tow/recovery vehicle, or initial registration, renewal, or continuation of registration by a new owner of a manufactured structure toter, farm, or chapter of the profit vehicle, I certify the vehicle and its use qualify for special registration and conform to the law.										is application, I remain in compliance				
S	па		e, I certify it meets the OWNER OR LESSEE	· · · · · · · · · · · · · · · · · · ·		NSI A119.2 standard in	enect at	DATE	anuracture.		TELEPHON	NE#			
NATURES	20	X	LESSOR (Required if s			ent than lessor)		DATE			( TELEPHON	)			
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(21) **X** 735-226 (5-22)

STK# 300097

#### FORM INFORMATION

DMV links all records together based on your customer number. Always use your customer number and the same name with DMV.

**Individual Customer Number:** Your customer number is your Oregon driver license (ODL), identification card (ID) or instruction permit number if you have one. If you do not have an Oregon customer number, one will be assigned to you.

**Business Customer Number:** If you know your business customer number, list it on the application.

**One-time Mailing Address:** Where you want the title and/ or registration document mailed if different than residence or mailing.

**Vehicle Address:** Where the vehicle is primarily housed or dispatched from if different address than the residence or business.

**Address Change:** Only the address listed for the owner shown on Line 5 will be changed if it is different than DMV records. DMV will update your vehicle and driver record. Additional owners can change their address online at DMV2U.oregon.gov.

**Work Address:** If an owner has a work/public agency address on file with DMV and wants that address to be used for the vehicle record, that person must be listed on Line 5 and the work address listed on Lines 6 and 7. If a security interest holder, they must be listed on Line 13 and the work address listed on Line 14.

## ASSEMBLED, RECONSTRUCTED OR REPLICA VEHICLE CERTIFICATION

I certify this vehicle is:

#### ☐ Assembled

- Does not look like any certain year or make of vehicle; and
- Not rebuilt by a manufacturer or built in a factory where the year and make are assigned at the factory; and
- Not an antique, special interest, reconstructed or replica vehicle; and
- Meets NFPA 1192, NFPA 501C or ANSI A119.2 standard in effect at the time of manufacture, if recreational vehicle.

#### ☐ Reconstructed

- Body looks like and mostly is a certain year or make of vehicle; and
- Not rebuilt by a manufacturer or built in a factory where the year and make are assigned at the factory; and
- Is not a replica; or
- Is a motor truck rebuilt using a component kit, if the manufacturer of the kit assigned a VIN and provided a Certificate of Origin for the kit.

#### ☐ Replica

- Body built to look like and be a reproduction of a particular year model and make of vehicle.
- Includes vehicles built as replicas from new, reconditioned, or original parts; or reconstructed from existing vehicles or parts of vehicles, and the vehicle would otherwise meet the replica definition.

#### COMMERCIAL VEHICLE - DRUG AND ALCOHOL TESTING CERTIFICATION

#### I certify:

Commercial vehicle: I know the applicable federal motor carrier safety regulations and hazardous materials regulations or compatible state regulations.

Registered with truck (T) plates: I have an in-house drug and alcohol testing program that meets the federal requirements; or I am a member of a consortium that provides testing that meets federal requirements; or I am exempt from the above requirements.

### **MILITARY BENEFIT INFORMATION REQUEST**

I am a member or veteran of a uniformed service and want DMV to send my name and address to the Oregon Department of Veterans' Affairs so I can get benefit information.

Ν	la	m	e	s	):

#### DEAF OR HARD OF HEARING NOTE ON VEHICLE RECORD

Add a Deaf/Hard of Hearing note to my registration card, to show that someone driving my vehicle may be deaf or hard of hearing.

#### SPECIALTY PLATE CHOICE - PASSENGER VEHICLES ONLY

Mark the box for the type of special plate you want.

Crater Lake Cultural Gray Whale Salmon Smokey Bear Trail Blazer UO Duck Wildlife Wine Country

NOTES