STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

APPLICATION FOR TITLE OR REGISTRATION

FOR ACCURACY, PLEASE PRINT LEGIBLY. COMPLETE BOTH SIDES.

SECTION 1 — VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER	VEHICLE MAKE	YEAR MODEL	FUEL TYPE

CALIFORNIA LICENSE NUMBER	MODEL OR SERIES	BODY TYPE MODEL	MOTORCYCLE ENGINE NUMBER

TYPE OF VEHICLE (*CHECK ONE BOX)*

☐ Auto ☐ Commercial (includes truck or pickup) ☐ Motorcycle ☐ Off Highway ☐ Trailer Coach

FOR TRAILER COACHES ONLY

LENGTH _____ IN. WIDTH _____ IN.

Will this vehicle be used for the transportation of persons for hire, compensation, or profit (e.g. limousine, taxi, bus, etc.)? .... ☐ Yes ☐ No

Is this a commercial vehicle that operates at 10,001 lbs. or more (or is a pickup exceeding 8,001 lbs. unladen and/or 11,499 lbs. Gross Vehicle Weight Rating (GVWR)? ..... ☐ Yes ☐ No

IMPORTANT: If yes, a Declaration of Gross Vehicle Weight/Combined Gross Vehicle Weight (REG 4008) form must be completed. If yes, a Motor Carrier Permit may be required. Refer to ***www. dmv.ca.gov*** for more information.

FOR COMMERCIAL VEHICLES ONLY

Number of axles: _____ Unladen weight: _____ ☐ Actual ☐ Estimated (Vehicles over 10,001 lbs. only)

SECTION 2 — OWNER INFORMATION *Each owner must sign on reverse side.*

Once registered, upon transfer of ownership, co-owners joined by "AND" require the signature of each owner; co-owners joined by "OR" require the signature of only one owner.

TRUE FULL NAME OF OWNER (*LAST, FIRST MIDDLE, SUFFIX*), BUSINESS NAME, OR LESSOR	DRIVER LICENSE/ID CARD NUMBER	STATE

TRUE FULL NAME OF CO-OWNER OR LESSEE (*LAST, FIRST, MIDDLE, SUFFIX*) ☐ AND ☐ OR	DRIVER LICENSE/ID CARD NUMBER	STATE

TRUE FULL NAME OF CO-OWNER OR LESSEE (*LAST, FIRST, MIDDLE, SUFFIX*) ☐ AND ☐ OR	DRIVER LICENSE/ID CARD NUMBER	STATE

PHYSICAL RESIDENCE OR BUSINESS ADDRESS (*INCLUDE ST., AVE., CT., ETC.)*	APT./SPACE/STE. NO.	CITY	STATE	ZIP CODE

COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE/VESSEL IS PRINCIPALLY GARAGED	EQUIPMENT NUMBER (*OPTIONAL*)

MAILING ADDRESS (*IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE)*	APT./SPACE/STE. NO.	CITY	STATE	ZIP CODE

LESSEE ADDRESS (*IF DIFFERENT FROM ABOVE)*	APT./SPACE/STE. NO.	CITY	STATE	ZIP CODE

TRAILER COACH ONLY - ADDRESS WHERE LOCATED (*IF DIFFERENT FROM PHYSICAL ABOVE)*	CITY	STATE	ZIP CODE

SECTION 3 — LEGAL OWNER (LIEN HOLDER/TITLE HOLDER) *If None, must write "None".*

Attention ELT Legal Owners: The ELT name and address and ELT number MUST be entered exactly as shown on the ELT listing.

TRUE FULL NAME OF BANK/FINANCE COMPANY OR INDIVIDUAL (*DO NOT RE-ENTER NAME OF NEW REGISTERED OWNER(S) ABOVE)*	ELECTRONIC LIENHOLDER ID NO. ELT

PHYSICAL RESIDENCE OR BUSINESS ADDRESS (*INCLUDE ST., AVE., CT., ETC.)*	APT./SPACE/STE. NO.	CITY	STATE	ZIP CODE

MAILING ADDRESS (*IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE)*	APT./SPACE/STE. NO.	CITY	STATE	ZIP CODE

SECTION 4 — ODOMETER INFORMATION

The odometer reading: ☐ upon date of purchase in California was ☐ as of this date is (if no change in ownership) ☐☐☐,☐☐☐ 10ths (no tenths) miles, If kilometers check this box: ☐

and to the best of my knowledge reflects the ACTUAL mileage unless one of the following statements is checked.

WARNING — ODOMETER DISCREPANCY

☐ Odometer reading is NOT the actual mileage ☐ Mileage EXCEEDS the odometer mechanical limits

Explain odometer discrepancy: _____.

MUST COMPLETE VEHICLE INFORMATION BELOW:

VEHICLE IDENTIFICATION NUMBER	VEHICLE MAKE	YEAR MODEL

SECTION 5 — DATE INFORMATION

DATE VEHICLE ENTERED OR WILL ENTER CALIFORNIA (CA):

Month _____ Day _____ Year _____

If vehicle was previously registered in CA, then registered or located out-of-state and has now returned to CA, enter most recent date vehicle entered CA. If you did not own vehicle at time of entry, check this box: ☐

DATE VEHICLE FIRST OPERATED IN CALIFORNIA:

Month _____ Day _____ Year _____

Or enter date vehicle will be operated, if it has not been operated yet.

DATE YOU WENT TO WORK IN CALIFORNIA, OBTAINED A CA DRIVER LICENSE, OR BECAME A RESIDENT:

Month _____ Day _____ Year _____

Enter the date whichever occurred first. If you have been a resident since birth, enter date of birth. If you are not a CA resident, check this box: ☐

DATE VEHICLE WAS PURCHASED OR ACQUIRED:

Month _____ Day _____ Year _____

AND WAS (*CHECK BOX*): ☐ New ☐ Used

AND WAS PURCHASED (*CHECK BOX*): ☐ Inside CA ☐ Outside CA

SECTION 6 — COST INFORMATION

NOTE: The total cost or value of the vehicle must include the cost of the basic vehicle, value of any trade-in, and all accessories and leased equipment permanently attached. Cost does not include sales tax, insurance, finance charges, or warranty.

MUST CHECK ONE BOX ONLY, AND ENTER REQUIRED INFORMATION FOR THAT ONE BOX:

☐ PURCHASE – I purchased the vehicle for the price of $ _____.

☐ GIFT – I acquired the vehicle as a gift. Its current market value is $ _____.
A Statement of Facts (REG 256) form must be completed.

☐ TRADE – I acquired the vehicle as a trade. Its value when I acquired it was $ _____.

VEHICLE WAS PURCHASED OR ACQUIRED FROM:

☐ Dealer ☐ Private Party ☐ Dismantler

☐ Immediate Family Member – State Relationship: _____

FOR ALL VEHICLES:

Since purchasing or acquiring this vehicle, were any body type modifications, additions and/or alterations (e.g., changing from pickup to utility, etc.) made to this vehicle? *If yes, a Statement of Construction (REG 5036) form must be completed*. ..... ☐ Yes ☐ No

FOR REVIVED JUNK OR REVIVED SALVAGE VEHICLES:

The cost of the vehicle must include the labor cost, whether or not the labor was provided or done by you. The total cost of the vehicle including labor is $ _____.

SECTION 7 — FOR OUT-OF-STATE OR OUT-OF-COUNTRY VEHICLES

For vehicles which enter the state within 1 year of purchase, was Sales Tax paid to another state? ..... ☐ N/A ☐ Yes ☐ No

If yes, enter amount of tax paid $ _____ (this amount will be credited toward any Use Tax in CA). If your vehicle was last registered in another state, you may be eligible for a Use Tax exemption. For more information, contact the Board of Equalization (***www.boe.ca.gov***).

For commercial vehicles (including pickups), this vehicle was last registered as a: ☐ Commercial Vehicle ☐ Non-commercial Automobile in the last state of registration.

DISPOSITION OF OUT-OF-STATE PLATES:

The plates will not be affixed to any vehicle at any time, unless the vehicle is "Dual Registered" in both states. The plates are:

☐ Expired, or will be or were:

☐ Surrendered to CA DMV ☐ Destroyed ☐ Retained ☐ Returned to the motor vehicle department of the state of issuance.

SECTION 8 — MILITARY SERVICE INFORMATION

Are you or your spouse on active duty as a member of the U.S. Uniformed Services? ..... ☐ Yes ☐ No

If yes, you may qualify for an exemption. Refer to Nonresident Military Exemption (REG 5045) form.

When this vehicle was last licensed, were you or your spouse on active duty as a member of the U.S. Uniformed Services? ... ☐ Yes ☐ No

If yes, in what state or country were you or your spouse stationed? _____

SECTION 9 — CERTIFICATIONS *Signatures required.*

The signature for a company or business MUST include the printed name of the company/business and an authorized representative's countersignature on the signature line (e.g., *ABC CO. by JOHN SMITH* or *JOHN SMITH for ABC CO.*).

The registered owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to CVC §1808.21.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME	OWNER'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER
	X		( )
PRINTED NAME	CO-OWNER'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER
	X		( )
PRINTED NAME	CO-OWNER'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER
	X		( )

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