



## PERMANENT TRAILER IDENTIFICATION (PTI) CERTIFICATION

**\*\*\*USE THIS SIDE TO REQUEST A CERTIFICATE OF TITLE\*\*\***

*This form cannot be used to replace a title that is lost, stolen, not received, or illegible/mutilated. Use Application for Duplicate Title (REG 227).*

- If there is no legal owner, and you would like to receive a Certificate of Title, please complete Sections 1 and 2 below.
- The Department will issue a Permanent Trailer Identification Card and maintain an electronic record of ownership, whether a Certificate of Title is requested or not.
- If a Certificate of Title is not requested, a Bill of Sale can be used for transfer of ownership. However, if a physical Certificate of Title has been issued, it must be used upon transfer of ownership.
- A trailer being titled with a legal owner (bank, finance company, etc.) will automatically be issued a Certificate of Title (A PTI title fee will apply).

### 1. TRAILER DESCRIPTION

PTI IDENTIFICATION PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR/MAKE

### 2. CERTIFICATION *I request a Certificate of Title (A PTI title fee will apply)*

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

Owner's signature required.

OWNER'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER

**PERMANENT TRAILER IDENTIFICATION (PTI) APPLICATION FOR:**

- Certificate of Title** (*Current Owner* completes Side A. To request a **Duplicate** title, use form REG 227.)
- Transfer without Certificate of Title** (*Seller* completes Sections 1 and 2, *Buyer* completes Sections 4 through 7, as needed.)
- Addition of Legal Owner Without Certificate of Title** (To add a legal owner, Sections 1, 3 and 5 must be completed.)

PTI IDENTIFICATION PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR/MAKE
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**1. TRAILER OWNER(S) OF RECORD**

TRUE FULL NAME (LAST, FIRST, MIDDLE OR BUSINESS NAME)		TRUE FULL NAME (LAST, FIRST, MIDDLE)		
PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)	APT./SPACE/STE. #	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)	APT./SPACE/STE. #	CITY	STATE	ZIP CODE

**2. TRAILER OWNER(S) OF RECORD RELEASE OF OWNERSHIP**

I/We release ownership in the described trailer

SIGNATURE OF OWNER	DATE	SIGNATURE OF OWNER	DATE
<b>X</b>		<b>X</b>	

**3. TRAILER OWNER(S) OF RECORD ADDING LEGAL OWNER ONLY**

I/We release security interest in the described trailer

SIGNATURE OF OWNER	DATE	SIGNATURE OF OWNER	DATE
<b>X</b>		<b>X</b>	

**4. NEW TRAILER OWNER(S) – Complete transfer within 10 days of taking possession of trailer**

PURCHASE PRICE/MARKET VALUE (IF <input type="checkbox"/> GIFT OR <input type="checkbox"/> TRADE)	DATE PURCHASED OR ACQUIRED (MONTH, DAY, YEAR)	EQUIPMENT NUMBER (OPTIONAL)
TRUE FULL NAME (LAST, FIRST, MIDDLE OR BUSINESS NAME)	DRIVER LICENSE/ID CARD NUMBER	
TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE/ID CARD NUMBER	
<input type="checkbox"/> AND*		
<input type="checkbox"/> OR		
PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)	APT./SPACE/STE. #	CITY STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ABOVE)	APT./SPACE/STE. #	CITY STATE ZIP CODE

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to Section 1808.21 of the Vehicle Code.**

SIGNATURE(S) OF ALL NEW OWNER(S)	DATE	DAYTIME TELEPHONE NUMBER
<b>X</b>		
	DATE	DAYTIME TELEPHONE NUMBER
<b>X</b>		

**5. NEW LEGAL OWNER (If no legal owner, write "NONE")**

NAME OF NEW LEGAL OWNER – DO NOT ENTER NAME OF NEW REGISTERED OWNER(S) ABOVE	ELECTRONIC LIENHOLDER ID NUMBER
	ELT#
STREET OR P.O. BOX ADDRESS	APT./SPACE/STE. # CITY STATE ZIP CODE

**6. LEASED VEHICLES**

LESSEE ADDRESS (IF DIFFERENT FROM OWNER ADDRESS ABOVE)

**7. DEALER'S RELEASE OF ACQUIRED VEHICLE**

NAME OF BUYER	DATE SOLD	
NAME OF DEALERSHIP	DEALER NUMBER	R/S NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT	SALESPERSON NUMBER
<b>X</b>		
NAME OF BUYER	DATE SOLD	
NAME OF DEALERSHIP	DEALER NUMBER	R/S NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT	SALESPERSON NUMBER
<b>X</b>		

\*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.