

MV - 1 (5-05)				I. TAX / FEES		
VEHICLE DESCRIPTION	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER (VIN), IF TRACING REQUIRED, TAPE SECURELY TO REVERSE OF THIS COPY		BODY TYPE (SDN, TK, BUS, ETC.)	MODEL YEAR	
	GROSS VEHICLE WT. RATING	FUEL TYPE: <input checked="" type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE <input type="checkbox"/> HYBRID <input type="checkbox"/> OTHER	DIN/MECHANIC #	AUTHORIZED NOTARY PUBLIC OR CERTIFIED INSPECTION MECHANIC (PRINT NAME)		
	CHECK THE APPROPRIATE BLOCK IF THE VEHICLE IS TO BE USED OR WAS FORMERLY USED AS A TAXI <input type="checkbox"/> OR A <input type="checkbox"/> POLICE VEHICLE (IF APPLICABLE)		I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct.		SIGN HERE	
APPLICANT INFORMATION	LAST NAME (OR FULL BUSINESS NAME)		FIRST NAME	MIDDLE INITIAL	DATE ACQUIRED/ PURCHASED	
	CO-PURCHASER				DEALER ID NUMBER (IF APPLICABLE)	
	STREET			CITY	STATE	ZIP
				COUNTY CODE	1. SALES TAX DUE	
NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to his/her heirs or estate.)				REFER TO COUNTY CODES LISTING ON REVERSE SIDE OF YELLOW COPY	1A. Exemption Reason Code (must be a number from 1 to 26 or 0)	
NOTE: IF THE VEHICLE IS TO BE USED AS A DAILY RENTAL OR LEASED VEHICLE, CHECK THIS BLOCK <input type="checkbox"/> . IF BLOCK IS CHECKED, COMPLETE AND ATTACH FORM MV-1L.					1B. EXEMPTION NO.	
MILEAGE INFORMATION	<input type="checkbox"/> REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS		<input type="checkbox"/> IS NOT THE ACTUAL MILEAGE		ODOMETER READING	
	WARNING: FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.				TENTHS	
LIEN INFORMATION	1ST LIEN DATE: <input type="checkbox"/> IF NO LIEN, CHECK		2ND LIEN DATE: <input type="checkbox"/> IF NO LIEN, CHECK		1C. (PTA) NO.	
	1ST LIENHOLDER		2ND LIENHOLDER		2. TITLE FEE	
	STREET		STREET		3. LIEN FEE	
	CITY STATE ZIP		CITY STATE ZIP		4. REGISTRATION OR PROCESSING FEE	
	FINANCIAL INSTITUTION NUMBER		FINANCIAL INSTITUTION NUMBER		Fee Exempt Number as assigned by the Bureau	
VEHICLE TRADED	MAKE OF VEHICLE	VIN	MODEL YEAR		5. DUPLICATE REG. FEE	
	BODY TYPE (SDN, BUS, TK, ETC.)	CONDITION OF VEHICLE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		NO. OF CARDS		
	PASSENGER TAXI/BUS	PASSENGER <input type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> MASS TRANSIT <input type="checkbox"/> OTHER BUS <input type="checkbox"/>		SEATING CAPACITY		
ADDITIONAL VEHICLE INFORMATION	MOTORCYCLE MOTOR DRIVEN CYCLE MOPED		CYLINDER CAPACITY 50CC OR LESS <input type="checkbox"/> YES <input type="checkbox"/> NO		6. TRANSFER FEE	
	OPERABLE PEDALS <input type="checkbox"/> YES <input type="checkbox"/> NO		BRAKE HORSEPOWER <input type="checkbox"/> 1.5 OR LESS <input type="checkbox"/> 1.6 TO 5.0 <input type="checkbox"/> OVER 5.0		7. INCREASE FEE	
	AUTOMATIC TRANSMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO		MAX DESIGN SPEED 25 MPH OR LESS <input type="checkbox"/> YES <input type="checkbox"/> NO		8. REPLACEMENT FEE	
	MOTOR HOME		DESIGNED/ALTERED FOR ROAD USE <input type="checkbox"/> YES <input type="checkbox"/> NO		9. TOTAL PAID (ADD 1 THRU 8) Send One Check In This Amount	
	TRAILER & VEHICLES BELOW		CHASSIS MFR: BODY MAKE:			
APPLICATION FOR REGISTRATION	TRUCK TRUCK TRACTOR		REQ. REGISTERED GROSS COMBINATION WT. UNLADEN WT. (EMPTY)			
	REQ. REGISTERED GROSS COMBINATION WT.		GROSS COMBINATION WT. RATING			
	ORIGINAL PLATE <input checked="" type="checkbox"/> Check One		TRANSFER OF PREVIOUSLY ISSUED PLATE <input type="checkbox"/>			
	<input type="checkbox"/> PLATE TO BE ISSUED BY BUREAU (PROOF OF INSURANCE MUST BE ATTACHED.)		TRANSFER & RENEWAL OF PLATE <input type="checkbox"/>			
	<input type="checkbox"/> EXCHANGE PLATE TO BE ISSUED BY BUREAU		TRANSFER & REPLACEMENT OF PLATE <input type="checkbox"/>			
	<input type="checkbox"/> TEMPORARY PLATE ISSUED BY FULL AGENT (NOTE: THIS PLATE WILL EXPIRE 90 DAYS FROM DATE OF ISSUANCE.)		TRANSFER OF PLATE & REPLACEMENT OF STICKER <input type="checkbox"/>			
	PLATE NO.		REASON FOR REPLACEMENT			
	EXPIRES Month Year		<input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DEFACED <input type="checkbox"/> NEVER REC'D (LOST IN MAIL)			
TRANSFERRER FROM TITLE NO.		VIN				
SIGNATURE OF PERSON FROM WHOM PLATE IS BEING TRANSFERRED (IF OTHER THAN APPLICANT):		SIGN HERE		RELATIONSHIP TO APPLICANT		
INSURANCE COMPANY NAME		NAIC NO.	POLICY NO. (OR ATTACH BINDER)	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	
ISSUING AGENT INFORMATION	I CERTIFY THAT ON MONTH _____ DAY _____ YEAR I HAVE CHECKED TO DETERMINE THAT THE VEHICLE IS INSURED AND ISSUED TEMPORARY REGISTRATION TO THE ABOVE APPLICANT, IN COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF THE VEHICLE CODE AND DEPARTMENT REGULATIONS.		ISSUING AGENT (PRINT NAME)		AGENT NO.	
		ISSUING AGENT SIGNATURE		TELEPHONE NO.		
SEAL AND APPLICATION FOR TITLE	I/WE ACKNOWLEDGE THAT I/WE MAY LOSE MY/OUR OPERATING PRIVILEGE(S) OR VEHICLE REGISTRATION(S) FOR FAILURE TO MAINTAIN FINANCIAL RESPONSIBILITY ON THE CURRENTLY REGISTERED VEHICLE FOR THE PERIOD OF REGISTRATION. I/WE FURTHER ACKNOWLEDGE THAT I/WE MAY BE SUBJECT TO A FINE NOT EXCEEDING \$5,000 AND IMPRISONMENT OF NOT MORE THAN TWO (2) YEARS FOR ANY FALSE STATEMENT THAT I/WE MAKE ON THIS APPLICATION, AND I/WE CERTIFY THAT I/WE HAVE EXAMINED AND SIGNED THIS FORM AFTER ITS COMPLETION; AND, THAT, IF AN EXEMPTION FROM PAYMENT OF SALES TAX IS CLAIMED, I AM/WE ARE AUTHORIZED TO CLAIM THIS EXEMPTION. I/WE FURTHER CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND CORRECT AND MAKE APPLICATION FOR CERTIFICATE OF TITLE FOR THE VEHICLE DESCRIBED IN BLOCK A.					
	SUBSCRIBED AND SWORN TO BEFORE ME: MO. DAY YEAR		SIGNATURE OF INDIVIDUAL OR AUTHORIZED SIGNER		TELEPHONE NO.	
	SIGNATURE OF PERSON ADMINISTERING OATH		SIGNATURE OF CO-OWNER/TITLE OF AUTHORIZED SIGNER			
SEAL		SIGN IN PRESENCE OF NOTARY		MESSANGER NUMBER:		