



APPLICATION FOR TITLE OR REGISTRATION

DMV USE ONLY	
O/S DL #/STATE	
TECH INITIALS	

VEHICLE/HULL IDENTIFICATION NUMBER	MAKE OF VEHICLE OR VESSEL BUILDER
------------------------------------	-----------------------------------

1. OWNER INFORMATION (Please print true full name or lessor/business name)

LAST NAME OR LESSOR OR BUSINESS NAME <input type="checkbox"/> AND <input type="checkbox"/> OR	FIRST NAME	MIDDLE NAME	CALIFORNIA DRIVER LICENSE OR ID NUMBER	
LAST NAME, OR LESSEE <input type="checkbox"/> AND <input type="checkbox"/> OR	FIRST NAME	MIDDLE NAME	CALIFORNIA DRIVER LICENSE OR ID NUMBER	
LAST NAME, OR LESSEE	FIRST NAME	MIDDLE NAME	CALIFORNIA DRIVER LICENSE OR ID NUMBER	
RESIDENCE OR BUSINESS ADDRESS (Include St., Ave., etc.)	APT./SPACE NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (If Different From Above)	APT./SPACE NO.	CITY	STATE	ZIP CODE
LESSEE ADDRESS (If Different From Above)	APT./SPACE NO.	CITY	STATE	ZIP CODE
TRAILER COACH ONLY – ADDRESS WHERE TRAILER IS LOCATED (If Different From Above)		CITY	STATE	ZIP CODE

2. TITLE HOLDER INFORMATION (Do NOT reenter owner's name) If "NONE," so print

NAME OF BANK/FINANCE COMPANY OR INDIVIDUAL	ELECTRONIC TITLE NUMBER
BUSINESS OR RESIDENCE ADDRESS	APT./SPACE NO. CITY STATE ZIP CODE
MAILING ADDRESS (If Different From Above)	APT./SPACE NO. CITY STATE ZIP CODE

3. COST AND OPERATION INFORMATION (Purchase price does not include sales tax, insurance, finance charges, or warranty.)

MILES/KILOMETERS: If new owner, enter miles at date of purchase and check here.
 If no change of ownership, enter miles as of this date and check here.

DATE VEHICLE ENTERED OR WAS FIRST OPERATED IN CALIFORNIA	DATE YOU WENT TO WORK IN CALIFORNIA OR BECAME A RESIDENT (WHICHEVER OCCURRED FIRST)
Mo. _____ Day _____ Yr. _____	Mo. _____ Day _____ Yr. _____
VEHICLE WAS PURCHASED OR ACQUIRED ON:	VEHICLE WAS PURCHASED OR ACQUIRED FROM:
Mo. _____ Day _____ Yr. _____	Mo. _____ Day _____ Yr. _____
AND WAS (CHECK ONE BOX): <input type="checkbox"/> New <input type="checkbox"/> Used	<input type="checkbox"/> Dealer <input type="checkbox"/> Family Member <input type="checkbox"/> Private Party

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

I purchased this vehicle for the price of \$ _____.

I acquired this vehicle as a **gift or trade**. Its value **when I acquired it** was \$ _____.

I acquired this vehicle as a **gift or trade**. Its **current** market value is \$ _____. (Requires completed Statement of Facts [REG 256].)

A. Will this vehicle be used to carry people for hire (taxi, bus, etc.)? Yes No

B. When you acquired this vehicle were you on active duty in the U.S. Armed Forces? Yes No
 If yes, print name of state or country where stationed: _____

C. Is this a commercial motor vehicle that operates at 10,001 lbs. or more (pickups excluded)? Yes No
 If yes, a Declaration of Gross Vehicle Weight/Combined Gross Vehicle Weight Form (REG 4008) must be completed.
 If yes, a Motor Carrier Permit may be required. Call (916) 657-8153 for further information.

D. Was sales tax paid to another state? Yes No If yes, enter amount paid: \$ _____
 If your car was last registered in another state, you may be eligible for a use tax exemption. For further information please contact the Board of Equalization or visit www.boe.ca.gov.

4. OWNER(S) SIGNATURE(S)

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 VC §1808.21.

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

OWNER'S SIGNATURE X	EXECUTED AT	CITY	STATE	DATE	DAYTIME TELEPHONE NUMBER ()
OWNER'S SIGNATURE X	EXECUTED AT	CITY	STATE	DATE	DAYTIME TELEPHONE NUMBER ()

