



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

Application for Registration, Renewal, Replacement or Transfer of Plates and/or Stickers

REMARKS:

BATCH CODE
REG / REN FEE
REPLACEMENT FEE
PLATE TRANSFER FEE
TOTAL FEE PAID

TRANS CODE	VT	PLATE CODE	MP	EX	MISC	HVUT	PERMIT #
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① NEW PLATE #	STICKER #	VEHICLE IDENTIFICATION NUMBER (VIN)				OREGON TITLE #
② PRESENT OREGON PLATE #	EXPIRATION DATE	YEAR	MAKE	STYLE	EQUIPMENT #	WEIGHT / LENGTH
③ SPECIAL PLATES	FARM ID #	FLEET ACCOUNT #	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	<input type="checkbox"/> DIESEL <input type="checkbox"/> PROPANE	<input type="checkbox"/> HYBRID <input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> PLUG-IN HYBRID <input type="checkbox"/> FLEX-FUEL <input type="checkbox"/> OTHER:

This application cannot be used to change or correct the name(s) shown on the title or to change ownership.

Complete Line 4 with the owner whose address will be used for all DMV mail regarding this vehicle. List additional owners on Lines 7 and 8. (This in no way determines a priority of ownership.) If any owner listed uses an agency address on DMV records, that owner must be shown on Line 4. See reverse for more information.

④ PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF (check one) <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ODL / ID / CUSTOMER #	DATE OF BIRTH
⑤ RESIDENCE / BUSINESS ADDRESS - (Address will be used to update your ODL / ID Card)	MAILING ADDRESS - (If different from residence)	
⑥ CITY, STATE, ZIP CODE	COUNTY OF RESIDENCE	CITY, STATE, ZIP CODE
⑦ JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)	ODL / ID / CUSTOMER #	DATE OF BIRTH
⑧ JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)	ODL / ID / CUSTOMER #	DATE OF BIRTH
⑨ ONE-TIME MAILING ADDRESS (For this transaction only - address will not show on your customer record)	VEHICLE ADDRESS - (Location of vehicle if different from residence)	
⑩ CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	COUNTY (of vehicle address or use)

⑪ **CURRENT OR PREVIOUS MILITARY SERVICE:** I, (print name) _____, authorize DMV to send my name and address to the Oregon Department of Veterans' Affairs (ODVA) for the purpose of receiving benefit information. (Signature) X

By signing this application, I certify that:

- 1) If this application includes registration, and this motor vehicle is subject to the financial responsibility laws, I am in compliance and will remain in compliance until the vehicle is transferred; or 2) If this application includes a registration renewal, this vehicle is covered by the motor vehicle liability insurance policy listed below.

⑫ INSURANCE COMPANY (not agent)	POLICY #
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- My home is in Oregon or I am otherwise eligible or required to register this vehicle under Oregon law. (Proof may be required if the department has reason to believe you are not domiciled in Oregon. ORS 803.200, ORS 803.350, ORS 803.360).
- If the vehicle is registered as tow/recovery, farm, manufactured structure toter, or charitable/non-profit, the vehicle still qualifies for special registration and the use still conforms to the law as previously certified.
- If this is a commercial vehicle, I am knowledgeable of the applicable federal motor carrier safety regulations and hazardous materials regulations or compatible state regulations.
- If I am a company required by federal law to participate in a drug and alcohol testing program, then I certify that I have an in-house program that meets federal requirements, or that I am a member of a consortium that provides testing that meets federal requirements, or that I am exempt from this requirement by federal law.

THE NAME(S) OF PERSON(S) OPERATING THE CONSORTIUM

- The information provided on the front and back of this application is true and correct to the best of my knowledge. I understand it is a crime under ORS 803.375, to certify the truth of a statement when I know the statement is not true. This offense is a Class A misdemeanor and is punishable by a jail sentence of up to one year, a fine of up to \$6,250, or both.

⑬ SIGNATURE OF OWNER AS SHOWN ABOVE	DATE	TELEPHONE # ()
X		TELEPHONE # ()
⑭ SIGNATURE OF JOINT OWNER AS SHOWN ABOVE	DATE	COUNTER DATE STAMP / INITIALS
X		

⑮ Transaction Type: <input type="checkbox"/> REGISTRATION / RENEWAL <input type="checkbox"/> REPLACE PLATE(S) <input type="checkbox"/> REPLACE STICKER(S) <input type="checkbox"/> REPLACE REG. CARD	Plate Type: <input type="checkbox"/> GROUP <input type="checkbox"/> TREE <input type="checkbox"/> WINE COUNTRY <input type="checkbox"/> CUSTOM <input type="checkbox"/> CRATER LAKE <input type="checkbox"/> SALMON <input type="checkbox"/> CULTURAL <input type="checkbox"/> TRAIL BLAZERS <input type="checkbox"/> OTHER: _____	Disposition of Plates, Reg. Card or Stickers: <input type="checkbox"/> SURRENDERED <input type="checkbox"/> LOST <input type="checkbox"/> MUTILATED <input type="checkbox"/> STOLEN
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REMARKS:



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

Notice of Transaction Submitted

REMARKS:

BATCH CODE

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REPLACEMENT FEE

PLATE TRANSFER FEE

TOTAL FEE PAID

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This application cannot be used to change or correct the name(s) shown on the title or to change ownership.

Complete Line 4 with the owner whose address will be used for all DMV mail regarding this vehicle. List additional owners on Lines 7 and 8. (This in no way determines a priority of ownership.) If any owner listed uses an agency address on DMV records, that owner must be shown on Line 4. See reverse for more information.

④ PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF (check one) <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE			
⑤ RESIDENCE / BUSINESS ADDRESS - (Address will be used to update your ODL / ID Card)	MAILING ADDRESS - (If different from residence)		
⑥ CITY, STATE, ZIP CODE	COUNTY OF RESIDENCE	CITY, STATE, ZIP CODE	COUNTY OF MAILING
⑦ JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)			
⑧ JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)			
⑨ ONE-TIME MAILING ADDRESS (For this transaction only - address will not show on your customer record)	VEHICLE ADDRESS - (Location of vehicle if different from residence)		
⑩ CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	COUNTY (of vehicle address or use)	

(DMV use only)

NAME AND ADDRESS REQUIREMENTS

DMV uses a customer based file. This enables us to link all types of DMV records together for a customer. It is important that you use your customer number and the same name when conducting business with DMV. In the case of individuals, the person's date of birth (DOB) is also important.

Customer Number for Persons: Your customer number is your Oregon driver license (ODL), identification card (ID) or instruction permit number. Use that number on the application. If you do not have an ODL, ID card or instruction permit, DMV will assign a customer number to you when the application is received. You must use your full legal name on all business you conduct with DMV. This is the name you have established on your ODL, ID card or instruction permit.

Customer Number for Businesses: If you know your customer number for your business, list that number on the application. Businesses must also use the same name in all business they conduct with DMV.

Residence or Business Address: Provide the address where you primarily reside. If the owner listed is a lessee, the address of the lessee must be shown. For a business, you must provide the address of the business.

Mailing Address: If you receive your mail at an address other than the residence or business address, complete the mailing address on Lines 5 and 6.

Vehicle Address: If the vehicle is primarily housed or located at an address that is different than the residence or business address, complete the vehicle address on Lines 9 and 10. Business owners: Be careful not to confuse the vehicle address with your business address or mailing address.

One-time Mailing Address: If you would like the title and or registration document mailed to a one-time mailing address (other than the residence, business or mailing address), you must complete the area on Lines 9 and 10.

Change of Address: Only the address listed for the owner shown on Line 4 will be changed if it is different than what DMV records show. **The address will be changed on both the vehicle and driver record. Individuals will receive an address change sticker for their ODL, ID card or instruction permit.** Additional owners listed on Lines 7 and 8 must complete a Change of Address, Form 735-6438, and submit it separately, to change their address.

Work Address: If any owner listed on the application has a work address on file with DMV, that person must be listed on Line 4 and the work address listed on Lines 5 and 6. To change your address to a work address, you must be eligible pursuant to ORS 802.250 and complete a *Request for Police or Public Agency Address on DMV Records, Form 735-6438A*. To change your address from a work address back to your residence address, you must submit a new *Change of Address, Form 735-6438*.

SCHOOL BUS REGISTRATION

For school bus registration, I certify that use of this vehicle meets the requirements for school buses or school activity vehicles as provided in ORS Chapter 820, or by rules adopted by the Oregon Department of Education or State Board of Higher Education, or an Oregon university governing board.

- School buses or school activity vehicles used exclusively in transporting students to or from any school or authorized school activity or function, including extracurricular activities, and to or from points designated by school, are registered with school bus plates or publicly owned plates, whichever is applicable.

SCHOOL DISTRICT NAME(s) _____

IMPORTANT NOTICE FOR VEHICLES WITH COMBINED WEIGHT OVER 26,000 POUNDS

Vehicles subject to weight-mile tax must be registered with the Motor Carrier Transportation Division (MCTD) of ODOT. This applies primarily to vehicles with a registration weight of 26,001 pounds or more.

If you wish to register or renew a vehicle that has a registration weight of 26,001 pounds or more with DMV, you must certify the vehicle is not subject to weight-mile tax. A farm-plated vehicle must register with DMV even if it is subject to weight-mile tax while being operated under a contract farm carrier permit.

Vehicles with registration weights of less than 26,001 pounds may also be subject to weight-mile tax if the vehicle's combined weight is 26,001 pounds or more. This would include, for example, a vehicle used exclusively to tow manufactured structures, since the manufactured structure is not included in the registration weight, but is part of the combined weight. If the combined weight of your vehicle is 26,001 pounds or more, you must register with MCTD.

If you do not know if your vehicle is subject to weight-mile tax, contact the Motor Carrier Transportation Division, 3930 Fairview Industrial Drive SE, Salem OR 97302-1166. The telephone number is (503) 378-6699.

CERTIFICATION

I certify this vehicle is not required to be registered through the Motor Carrier Transportation Division and is not subject to weight-mile tax. I understand it is a crime under ORS 803.385 to certify the truth of a statement when you know the statement is not true. Such a crime is punishable by a jail sentence of up to one year, a fine up to \$6,250 or both.

SIGNATURE OF REGISTERED OWNER

X

FARM VEHICLE AND/OR TOW RECOVERY REGISTRATION

Farm Vehicles: If this vehicle is not listed in your farm file and a farm identification number is not assigned, or if you have not completed a Farm Certification Application (Form 735-9670), you must attach a Farm Certification Application to this form. If you have questions, call the Farm Desk at (503) 378-5203.

Tow/Recovery Vehicles: If you have not applied for registration previously for this vehicle, or if the registration for this vehicle is expired you must complete an Application for Tow or Recovery Vehicle Certification (Form 735-387) and attach it to this form.

APPLICANT

Complete all applicable blocks.
DO NOT write in the gray blocks (OFFICE USE ONLY).
MAIL TO: DMV, 1905 Lana Ave NE, Salem OR 97314; or take to any DMV office.