

DMV USE ONLY



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: (OFFICE USE ONLY)

Complete all applicable areas. MAIL TO: DMV, 1905 Lana Ave NE, Salem OR 97314; or take to any DMV office.

VEHICLE INFORMATION

1	VEHICLE IDENTIFICATION NUMBER (VIN)					OREGON TITLE #	
2	PRESENT OREGON PLATE #	YEAR	MAKE	STYLE	EQUIPMENT #	WEIGHT / LENGTH	GVWR
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.

OWNER or LESSEE / ADDRESS

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 "Address Change" on reverse)			ODL / ID / CUSTOMER #	DATE OF BIRTH
8	JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Address Change" 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)	

CERTIFICATIONS

By signing this application, I certify:

- to one of the following: 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.

11	INSURANCE COMPANY (not agent)	POLICY #
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- My place of domicile (home) is in Oregon or I am otherwise eligible or required to register this vehicle under Oregon law. (ORS 803.200, ORS 803.350, and ORS 803.360).
- If this is initial registration of a tow/recovery vehicle, or initial registration or renewal of a manufactured structure toter, farm, or charitable/non-profit, the vehicle and its use qualify for special registration and conform to the law.
- All information on this form is true and correct and agree with all applicable statements on the front and back of this form. Under Oregon law, it is a crime to knowingly make any false statement on an application for registration (ORS 803.375). 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.

SIGNATURES

12	SIGNATURE OF OWNER AS SHOWN ABOVE	DATE	TELEPHONE #
	X		()
13	SIGNATURE OF JOINT OWNER AS SHOWN ABOVE	DATE	TELEPHONE #
	X		()

ADDITIONAL INFORMATION

14	Transaction Type: <input type="checkbox"/> REGISTRATION / RENEWAL <input type="checkbox"/> REPLACEMENT PLATE(S) <input type="checkbox"/> DUPLICATE PLATE(S)* <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> REPLACEMENT STICKER(S) <input type="checkbox"/> REPLACEMENT REG. CARD	Passenger Vehicle Plate Type: <input type="checkbox"/> CRATER LAKE <input type="checkbox"/> CULTURAL <input type="checkbox"/> GRAY WHALE <input type="checkbox"/> PACIFIC WONDERLAND <input type="checkbox"/> POLLINATOR <input type="checkbox"/> SALMON <input type="checkbox"/> SMOKEY BEAR <input type="checkbox"/> TRAIL BLAZERS <input type="checkbox"/> TREE <input type="checkbox"/> UO DUCKS <input type="checkbox"/> WILDLIFE <input type="checkbox"/> WINE COUNTRY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> GROUP: _____ <input type="checkbox"/> *CUSTOM PLATE: _____
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*You can get a duplicate of one or both plates assigned to your vehicle if DMV is currently issuing the design and type. Mark ONE or TWO above.
*You must complete and attach a Custom Plate Application, Form 735-205.

REMARKS:

