

DMV USE ONLY



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

# Application for Title and Registration

REMARKS: \_\_\_\_\_  
TITLE FEE  
REG / REN FEE  
VIN FEE

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

PERMIT #	VIN INSPECTION: <input type="checkbox"/> DATE / INITIALS: _____ LEV COMPLIANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	DEALER TRANS: <input type="checkbox"/> DEALER # _____	LATE TITLE FEE
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VEHICLE INFORMATION

① VEHICLE IDENTIFICATION NUMBER (VIN)	OREGON TITLE #				REPLACEMENT FEE
② PRESENT OREGON PLATE #	YEAR	MAKE	STYLE	REG WEIGHT / LENGTH	GVWR
③ FARM ID #	FLEET ACCOUNT #	EQUIPMENT #	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> HYBRID <input type="checkbox"/> PLUG-IN HYBRID <input type="checkbox"/> FLEX-FUEL	TRAILER OVER 8,000 LBS. <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEE
			<input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER:		

**ODOMETER:** Federal and State laws require that you state the mileage when you transfer ownership on a vehicle 9 years old or newer. Failure to complete an odometer disclosure or providing a false statement to meet this requirement is a Class C felony under ORS 815.430. Use this certification when required to provide the odometer disclosure but unable to provide the proper disclosure from the seller. I certify the odometer disclosure listed is true and correct and a disclosure is not available on the required form from the seller. Providing an odometer reading for a vehicle 10 years old or older is voluntary.

④ ODOMETER READING (NO TENTHS)	DATE OF READING (MM/DD/YYYY)	I certify that, to the best of my knowledge, the odometer reading is actual mileage UNLESS one of these boxes is marked: <input type="checkbox"/> the mileage stated is in excess of its mechanical limits (has rolled over); or <input type="checkbox"/> the odometer reading is NOT actual mileage. WARNING - odometer discrepancy.
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OWNER OF LESSEE / ADDRESS

Complete Line 5 with the owner whose address will be used for all DMV mail regarding this vehicle. List additional owners on Lines 8 and 9. **(This in no way determines a priority of ownership.)** If any owner listed uses a work address on DMV records, that owner must be shown on Line 5. See reverse for more information.

⑤ 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 (MM/DD/YYYY)
⑥ RESIDENCE / BUSINESS ADDRESS - (Address will be used to update your ODL / ID card)	MAILING ADDRESS (If different from residence - will be used to update your ODL / ID card)	
⑦ CITY, STATE, ZIP CODE	COUNTY OF RESIDENCE	CITY, STATE, ZIP CODE
⑧ JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)		ODL / ID / CUSTOMER #
⑨ JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)		DATE OF BIRTH (MM/DD/YYYY)
⑩ ONE-TIME MAILING ADDRESS (Will not change your customer record)	<input type="checkbox"/> Reg. Only <input type="checkbox"/> Title Only <input type="checkbox"/> Both	VEHICLE ADDRESS - (Location of vehicle if different from residence)
⑪ CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	COUNTY (of vehicle address or use)

**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)

SECURITY INTEREST HOLDER and/or LESSOR

**SURVIVORSHIP:** Joint Owners or Lessees agree that title will show joint ownership with right of survivorship. ➡  YES  NO  
 Joint Security Interest Holders agree that title will show joint security interest with right of survivorship. ➡  YES  NO

⑭ SECURITY INTEREST HOLDER (Bank, Finance Company, Person, etc.)	ODL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)
⑮ SECURITY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE		TELEPHONE # ( )
⑯ SECONDARY INTEREST HOLDER (Bank, Finance Company, Person, etc.)	ODL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)
⑰ SECONDARY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE		TELEPHONE # ( )
⑱ LESSOR (Complete only if lessee is shown as owner on Line 5 above)	ODL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)
⑲ LESSOR ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE		TELEPHONE # ( )

CERTIFICATIONS

The owner must certify by completing all applicable statements and sign the application to apply for title and registration in Oregon. By signing this application, I also acknowledge the survivorship as indicated above. Under Oregon law, it is a crime to knowingly make any false statement on an application for title or registration (ORS 803.070, 803.075, 803.375 and 803.385). These offenses are Class A misdemeanors and are punishable by a jail sentence of up to one year, a fine of up to \$6,250 or both. Commercial Vehicle - Drug & Alcohol certifications on reverse.

**INSURANCE:** I certify to one of the following: 1) If this application includes registration, and this motor vehicle is subject to 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 for a motor vehicle, this vehicle is covered by the motor vehicle liability insurance policy listed below.

⑳ INSURANCE COMPANY (Not agent)	POLICY #
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**DOMICILE / RESIDENCY:** My place of domicile (home) is in Oregon, or I am otherwise eligible or required to register the vehicle under Oregon law (ORS 803.200, 803.350 and 803.360).

**VEHICLE USE:** If the ownership of this vehicle has not been transferred and the registration is being renewed on a tow/recovery, farm, manufactured structure toter, or charitable/non-profit vehicle, I certify the vehicle still qualifies for special registration and the use still conforms to the law as previously certified. I certify that my special use trailer, if over eight and one-half feet in width, is used temporarily on a construction site for office purposes only.

SIGNATURES

㉑ SIGNATURE OF OWNER OR LESSEE AS SHOWN ABOVE <input checked="" type="checkbox"/>	DATE	TELEPHONE # ( )
㉒ SIGNATURE OF LESSOR (Required if security interest holder is different than lessor) <input checked="" type="checkbox"/>	DATE	TELEPHONE # ( )

REMARKS:

(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 true 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 6 and 7.

**Vehicle Address:** If the vehicle is primarily housed or dispatched from an address that is different than the residence or business address, complete the vehicle address on Lines 10 and 11. 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 10 and 11.

**Change of Address:** Only the address listed for the owner shown on Line 6 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 8 and 9 must complete a *Change of Address*, Form 735-6438, and submit it separately, or change their address online at [www.oregondmv.com](http://www.oregondmv.com).

**Work Address:** If any person listed on the application has a work address on file with DMV: 1) for the owner, the person must be listed on Line 5 and the work address listed on Lines 6 and 7; 2) for the security interest holder, the person must be listed on Line 14 and the work address listed on Line 15. 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.

**RECONSTRUCTED / ASSEMBLED / REPLICA**

Complete this section if the title was surrendered to DMV because the vehicle was an abandoned vehicle sold under ORS 819.220; wrecked, dismantled, disassembled, substantially altered; destroyed; totaled (for reasons other than theft) OR if the vehicle is assembled or reconstructed or a replica. I certify that this vehicle is **(CHECK ONE ONLY):**

- A reconstructed vehicle whose body looks like the vehicle described on the front of this application; or
- An assembled vehicle whose body does not resemble any particular year model or make of vehicle (show year in which work was completed as "YEAR" of vehicle, and "ASMBL" in "MAKE" field on Line 2 of this application).
- A replica whose body is built to resemble and be a reproduction of a vehicle with the given year and make as described on this application.

I further certify that if the frame or unibody used in constructing this vehicle contains a vehicle identification number (VIN), it is shown on Line 1 of this application. **LIST OTHER VIN OR IDENTIFYING NUMBERS FROM OTHER MAJOR PARTS USED.** Major parts may be the body (if not unibody), engine, kit, or axles (if a trailer).

PART NAME AND VIN OR NUMBER

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**SCHOOL BUS REGISTRATION**

If applying for school bus registration, I certify that the 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 buses or school activity vehicles not used exclusively in the transportation of students are registered with bus or permanent fleet plates.

SCHOOL DISTRICT NAME(s)

**COMMERCIAL VEHICLE - DRUG AND ALCOHOL TESTING CERTIFICATION**

↓ **DMV USE ONLY** ↓

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 this vehicle is registered with truck (T) plates, I certify that: I have an in-house drug and alcohol testing program that meets the federal requirements; or I am a member of a consortium that provides testing that meets the federal requirements; or I am exempt from the above requirements.

The name(s) of person(s) operating the consortium: \_\_\_\_\_

\_\_\_\_\_