DMV USE ONLY

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

Application for Title and Registration

REMARKS:

Clear Form

TITLE FEE
REG / REN FEE
VIN FEE
LATE TITLE FEE
REPLACEMENT FEE
PLATE TRANSFER
TOTAL FEE

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

MPG | VIN INSPECTION: ☐ DATE / INITIALS: | LEV COMPLIANT: ☐ YES ☐ NO | DEALER TRANS: ☐ | DEALER #

VEHICLE INFORMATION

1. VEHICLE IDENTIFICATION NUMBER (VIN) | OREGON TITLE # | GVWR
2. PRESENT OREGON PLATE # | YEAR | MAKE | STYLE | REG WEIGHT / LENGTH | TRAILER OVER 8 1/2 FEET WIDE ☐ YES ☐ NO
3. FARM ID # | FLEET ACCOUNT # | EQUIPMENT # | ☐ GAS ☐ ELECTRIC ☐ DIESEL ☐ PROPANE ☐ HYBRID ☐ NATURAL GAS ☐ PLUG-IN HYBRID ☐ OTHER: ☐ FLEX-FUEL | TRAILER OVER 8,000 LBS. ☐ YES ☐ NO
4. **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.

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:
☐ the mileage stated is in excess of its mechanical limits (has rolled over); or
☐ the odometer reading is NOT actual mileage. WARNING - odometer discrepancy.

OWNER or 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) ☐ OWNER OR ☐ 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 | COUNTY OF MAILING
8. JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: **LAST, FIRST, MIDDLE (See "Change of Address" on reverse)** | ODL / ID / CUSTOMER # | DATE OF BIRTH (MM/DD/YYYY)
9. JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: **LAST, FIRST, MIDDLE (See "Change of Address" on reverse)** | ODL / ID / CUSTOMER # | DATE OF BIRTH (MM/DD/YYYY)
10. **ONE-TIME MAILING ADDRESS** (Will not change your customer record) ☐ Reg. Only ☐ Title Only ☐ Both | **VEHICLE ADDRESS** (Vehicle location if different from residence, or park model RV site)
11. CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE | COUNTY (of vehicle address or use)

12. **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 _____

13. **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

SECURITY INTEREST HOLDER and/or LESSOR

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

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 punishable by a jail sentence of up to one year, a fine of up to $6,250 or both. By signing this application, I certify all information on this form is true and correct and agree with all applicable statements below and on the back of this form.

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 #

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 this is initial registration of a tow/recovery vehicle, or initial registration, renewal, or continuation of registration by a new owner of a manufactured structure toter, farm, or charitable/non-profit vehicle, I certify the vehicle and its use qualify for special registration and conform to the law. If this is a park model RV, it is not permanently affixed to land for use as a permanent dwelling or is located within a mobile home park.

SIGNATURES

21. SIGNATURE OF OWNER OR LESSEE AS SHOWN ABOVE X | DATE | TELEPHONE # ( )
22. SIGNATURE OF LESSOR (Required if security interest holder is different than lessor) X | DATE | TELEPHONE# ( )

REMARKS:	(DMV USE ONLY)

NAME AND ADDRESS REQUIREMENTS

DMV links all records together based on your customer number. Always use your customer number and the same name with DMV.

Customer Number for Persons: Your customer number is your Oregon driver license (ODL), Identification card (ID) or instruction permit number. 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. Use the name you have on your ODL, ID, or instruction permit when you have business with DMV. Always provide your date of birth (DOB).

Customer Number for Businesses: If you know the customer number for your business, list that number on the application. Businesses must use the same name 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, 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.

One-time Mailing Address: For the title and/or registration document to be mailed to an address other than the residence, business, or mailing address, list the one-time mailing address on Lines 10 and 11.

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. Park model recreational vehicles MUST list a vehicle address, even if it is the same as the residence or mailing.

Change of Address: Only the address listed for the owner shown on Line 6 will be changed if it is different than DMV records. **The address will be changed on both the vehicle and driver record.** Additional owners can change their address online at DMV2U.oregon.gov.

Work Address: If an applicant has a work address on file with DMV and wants that address to be used for the vehicle record, that person must be listed on Line 5 and the work address listed on Lines 6 and 7. If the person is a security interest holder, they 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 request a change of address by mail to DMV Records Policy Unit, 1905 Lana Ave NE, Salem OR 97314.

RECREATIONAL VEHICLE / PARK MODEL RECREATIONAL VEHICLE CERTIFICATIONS

Complete this section if you are titling a used recreational vehicle (motor home, travel trailer or camper) or a park model recreational vehicle. I certify that this vehicle is a used:

- ☐ Recreational vehicle that meets the NFPA 1192, NFPA 501C or ANSI A119.2 standard in effect at the time of manufacture.
- ☐ Park model recreational vehicle that meets the ANSI A119.5 standard in effect at the time of manufacture.

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: _____

_____.