

DMV USE ONLY	<div><div>DMV</div><div>DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1905 LANA AVE NE, SALEM OREGON 97314</div></div>		Application for Title and Registration			REMARKS:		TITLE FEE		
								VIN FEE		
								LATE TITLE FEE		
Complete all applicable areas. MAIL TO: DMV, 1905 Lana Ave NE, Salem OR 97314; or take to any DMV office.										
	MPG	VIN INSPECTION: <input type="checkbox"/> DATE / INITIALS: LEV COMPLIANT: <input type="checkbox"/> YES <input type="checkbox"/> NO			DEALER TRANS: <input type="checkbox"/>	DEALER #		REG / REN FEE		
VEHICLE INFORMATION	1	VEHICLE IDENTIFICATION NUMBER (VIN)			OREGON TITLE #		GVWR		COUNTY FEE	
	2	PRESENT OREGON PLATE #		YEAR	MAKE	STYLE	REG WEIGHT / LENGTH	TRAILER OVER 8 1/2 FEET WIDE <input type="checkbox"/> YES <input type="checkbox"/> NO	REPLACEMENT FEE	
	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 <input type="checkbox"/> TRAILER OVER 8,000 LBS. <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER:					PLATE TRANSFER
	4	ODOMETER: Federal and State laws require that you state the mileage when you transfer ownership on a vehicle model year 2011 or newer until that vehicle is 20 years old or older. 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. Failure to complete an odometer disclosure or providing a false statement to meet this requirement is a Class C felony under ORS 815.430.							TOTAL FEE	
	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: WARNING - odometer discrepancy <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.					
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) <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		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)			<input type="checkbox"/> Reg. Only <input type="checkbox"/> Title Only <input type="checkbox"/> 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)			
SECURITY INTEREST HOLDER and/or LESSOR	12	SURVIVORSHIP:			Joint Owners or Lessees agree that title will show joint ownership with right of survivorship. ➡		<input type="checkbox"/> YES <input type="checkbox"/> NO			
					Joint Security Interest Holders agree that title will show joint security interest with right of survivorship. ➡		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	13	SECURITY INTEREST HOLDER (Bank, Finance Company, Person, etc.)			ODL / ID / CUSTOMER #		DATE OF BIRTH (MM/DD/YYYY)			
	14	SECURITY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE					TELEPHONE # ()			
	15	SECONDARY INTEREST HOLDER (Bank, Finance Company, Person, etc.)			ODL / ID / CUSTOMER #		DATE OF BIRTH (MM/DD/YYYY)			
	16	SECONDARY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE					TELEPHONE # ()			
	17	LESSOR (Complete only if lessee is shown as owner on Line 5 above)			ODL / ID / CUSTOMER #		DATE OF BIRTH (MM/DD/YYYY)			
18	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.									
	19	INSURANCE COMPANY (Not agent)					POLICY #			
SIGNATURES	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).									
	REPLACEMENT OREGON TITLE: <input type="checkbox"/> If this box is checked, I certify that to the best of my knowledge the Oregon title is lost, destroyed or mutilated.									
SIGNATURES	20	SIGNATURE OF OWNER OR LESSEE AS SHOWN ABOVE X			DATE		TELEPHONE # ()			
	21	SIGNATURE OF LESSOR (Required if security interest holder is different than lessor) X			DATE		TELEPHONE# ()			
735-226 (1-26)		STK# 300097								

FORM INFORMATION

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

Individual Customer Number: Your customer number is your Oregon driver license (ODL), identification card (ID) or instruction permit number if you have one. If you do not have an Oregon customer number, one will be assigned to you.

Business Customer Number: If you know your business customer number, list it on the application.

One-time Mailing Address: Where you want the title and/or registration document mailed if different than residence or mailing.

Vehicle Address: Where the vehicle is primarily housed or dispatched from if different address than the residence or business.

Address Change: Only the address listed for the owner shown on Line 5 will be changed if it is different than DMV records. DMV will update your vehicle and driver record. Additional owners can change their address online at DMV2U.oregon.gov.

Work Address: If an owner has a work/public agency 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 a security interest holder, they must be listed on Line 13 and the work address listed on Line 14.

ASSEMBLED, RECONSTRUCTED OR REPLICA VEHICLE CERTIFICATION

Certify below if this is the first time the vehicle is being titled as assembled, reconstructed or replica (not on current title) or you are certifying to a new incident.

I certify this vehicle is:

☐ **Assembled**

- Does not look like any certain year or make of vehicle; and
- Not rebuilt by a manufacturer or built in a factory where the year and make are assigned at the factory; and
- Not an antique, special interest, reconstructed or replica vehicle.

☐ **Reconstructed**

- Body looks like and mostly is a certain year or make of vehicle; and
- Not rebuilt by a manufacturer or built in a factory where the year and make are assigned at the factory; and
- Is not a replica; or
- Is a motor truck rebuilt using a component kit, if the manufacturer of the kit assigned a VIN and provided a Certificate of Origin for the kit.

☐ **Replica**

- Body built to look like and be a reproduction of a particular year model and make of vehicle.
- Includes vehicles built as replicas from new, reconditioned, or original parts; or reconstructed from existing vehicles or parts of vehicles, and the vehicle would otherwise meet the replica definition.

COMMERCIAL VEHICLE CERTIFICATIONS**Drug and Alcohol Testing:**

I certify: Commercial vehicle: I know the applicable federal motor carrier safety regulations and hazardous materials regulations or compatible state regulations.

Registered with truck (T) plates: 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 federal requirements; or I am exempt from the above requirements. Name of person(s) operating consortium: _____

Weight-Mile Certification: If the vehicle has a registration weight of 26,001 pounds or more, **I certify** the vehicle is NOT subject to weight-mile tax.

RECREATIONAL VEHICLE CERTIFICATION

If a recreational vehicle, I certify it meets the NFPA 1192, NFPA 501C or ANSI A119.2 standard in effect at the time of manufacture.

VEHICLE USE CERTIFICATION

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.

MILITARY BENEFIT INFORMATION REQUEST

I am a member or veteran of a uniformed service and want DMV to send my name, address and email address to the Oregon Department of Veterans' Affairs so I can get benefit information.

Name(s): _____ Email Address: _____

DEAF OR HARD OF HEARING NOTE ON VEHICLE RECORD

Add a Deaf/Hard of Hearing note to my registration card, to show that someone driving my vehicle may be deaf or hard of hearing.

SPECIALTY PLATE CHOICE – PASSENGER VEHICLES ONLY

Mark the box for the type of special plate you want. ☐ Crater Lake ☐ Cultural ☐ Gray Whale ☐ OSU Beavers ☐ Pollinator

☐ Salmon ☐ Smokey Bear ☐ Trail Blazers ☐ UO Ducks ☐ Wildlife ☐ Wine Country ☐ Zoo ☐ Other _____

NOTES