



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	COUNTY OF MAILING
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)

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 <input type="checkbox"/> PLATE TRANSFER: Plate # _____	Passenger Vehicle Plate Type: <input type="checkbox"/> CRATER LAKE <input type="checkbox"/> CULTURAL <input type="checkbox"/> GRAY WHALE <input type="checkbox"/> OSU BEAVERS <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"/> ZOO <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> GROUP: _____
<input type="checkbox"/> *CUSTOM PLATE: _____		

*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:

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 registration document mailed if different than residence or mailing.

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

Address Change: Only the address listed on Line 5 for the owner 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](https://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 4 and the work address listed on Lines 5 and 6.

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.

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 NOTATION ON VEHICLE REGISTRATION

☐ 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.

NOTES

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