

## **Vehicle Certificate of Ownership (Title) Application**

Faas

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Plate or TPO	Color #1			Color #2		Vehicle Identification Number (VIN)						Filing		
Model year	Model year Pwr		Use			Series/Bod	ly type	N	Model ID	Value cod	e Ye	ar	Scale weight	
Cycle engine	or motor home numbe	er	Flee	t code	Equ	ip number	MO reg	Reg exp	p date	Scale weight	ght	Seats	RTA excise ta	х
Declared GWT Month GW		nth GWT	T GWT expiration			Mileage		Code	ode Previous		ous title number State		License	
Special options  DAV  Leased  No title is			lo title iss	ued	Cour	County of residence		Purchase price		Tax jurisdict	ion Tax	x rate	Application	
NRM Bonded Non-road				vorthy		USE TAX EXEMPT: Private automobile was purchased and used by me in another							Inspection	
Joint tenants with rights of survivorship  state for a minimum of 90 days while I was a bonafide resident, before I entered Washington on											VIN assignme	ent		
Washington State primary residence street address or Washington State principal place of business  INHERITANCE: Washington sales/use tax paid by testator.												Gross weight		
street address is required on the vehicle record. For exceptions to this rule, see form TD-420-004.  Transferred to SPOUSE.  Sale to INDIAN IN INDIAN COUNTRY. Notarized statement is attached.											GWT credit (A	ttach proof)		
	For more than two registered or legal owners, please attach additional applications.  New registered owner													
Name (Last, First, Middle initial)  (Area code) Telephone number											ber	Sales/Use tax		
Name (Last, First, Middle initial)  (Area code) Telephone number										ber	License service			
Washington State primary residence street address (if an individual) or Washington State principal place of business street address (if a business)												Plate		
Address continued													LPG	
Mailing address (if different than residence address) or exception address												Aquatic weed		
First owner's WA driver license, ID card, or UBI			il .	Expiration date Second owner's WA driver license,					nse, ID car	card, or UBI Expiration date			Trauma	
	al owner or lie	nholde	r-mus	t be fil	led out if	different th	an the reg	istered o	owner				Replacement	tab
Name (Last, First, Middle initial)													State parks donation	
Name (Last, First, Middle initial)													Out of state	
Address											_		Other	
First owner's WA driver license, ID card, or UBI			il	Exp	oiration date					d, or UBI	Expiration date		Total fees and	l tax
Dealer's report of sale I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.		ect.	WA dealer number			Dealer name					Date of sale			
		1 1	Date of delivery		Vehic		d Previo	viously titled X		- <i>-</i>	thorized signature		Service fee	(Do not include in total)
	knowingly make nt, or both. I certif													
D					<u> </u>					- ··· ···				
Date and place				Registered owner signature						Position, if signing for a business				
Date and place			_		· ·	wner signatur	Э			Position, if s	signing for	a business		
Notarizati	on/Certificatio	on for re	egiste						C	ounty of				
				State ofSigned or attested before me on						by				
(Seal or stamp)				Signatura										
							Signature  ———————————————————————————————————							
Title								$\_$ and $\_$	·					