

APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION

D# or R# \_\_\_\_\_

Applying For:  Regular Title  Salvage Title

Registration Month \_\_\_\_\_

(Dealer or Recycler Number)

OWNER INFORMATION

Present to: The County Treasurer of your residence; The County Treasurer of the primary user if nonresident owned; The County Treasurer of residence or of the primary user if owned by a firm, association, or corporation.

Owner #1: First Name Middle Name Last Name Iowa DL # or Iowa ID # or Social Security # (If individual)

Ownership Status:  OR  AND Birth Date: (If individual) Federal Employer Identification #: (If organization)

Bona fide Residence Address of Owner #1: Address City County State Zip Code

Mailing Address of Owner #1: Address City County State Zip Code

Owner #2: First Name Middle Name Last Name Iowa DL # or Iowa ID # or Social Security # (If individual)

Birth Date: (If individual) Federal Employer Identification #: (If organization)

Bona fide Residence Address of Owner #2: Address City County State Zip Code

Mailing Address of Owner #2: Address City County State Zip Code

Owner #3: First Name Middle Name Last Name Iowa DL # or Iowa ID # or Social Security # (If individual)

Birth Date: (If individual) Federal Employer Identification #: (If organization)

Bona fide Residence Address of Owner #3: Address City County State Zip Code

Mailing Address of Owner #3: Address City County State Zip Code

VEHICLE INFORMATION

VIN Year Make Model Type (car, truck, etc)

Style Color Fuel Cylinders Tonnage GVWR Sq. Footage

Iowa Plate No. (if applicable) Validation Number Validation Year Purchase Date or Date Brought Into State

VIN of traded vehicle (if applicable) Trailer Empty Weight (if applicable)  Over 2000lbs  2000lbs or less

SECURITY INTEREST INFORMATION

Give complete statement of security interests (liens). If none, so state: \_\_\_\_\_

Table with 3 columns: Nature, Held By, Address (Street, City, State, Zip Code). Rows for First, Second, and Third Security Interest, each with a Federal Employer Identification # or Social Security # field.

PURCHASE PRICE

Purchase Price (Purchase price less any trade) \$ \_\_\_\_\_

(Check only if applicable)

I claim exemption from payment of the fee for new registration. List Exemption Code \_\_\_\_\_ (See Page 2)

I claim a business trade exemption for my truck.

I/We certify under penalty of perjury that the foregoing is true and correct\*

X Signature of Owner #1 Date

X Signature of Owner #2 Date

X Signature of Owner #3 Date

By \_\_\_\_\_ If Firm, Association, Corporation, or Attorney in Fact

THE FOLLOWING FOR DEALER USE ONLY The vehicle dealer named below as "seller" does hereby certify that the new vehicle described above was sold to the applicant for the following consideration which includes freight, manufacturer's tax, accessories, and other added equipment or services and represents the total delivered price to the purchaser, valued in money whether received in money or otherwise

Sale Price .....\$ \_\_\_\_\_ Date Registration Applied For Card Issued

Less Trade-In .....\$ \_\_\_\_\_ If none, so state: \_\_\_\_\_

Less charges exempt from fee for new registration.....\$ \_\_\_\_\_ Registration Fee Collected: \_\_\_\_\_

Less Rebate applied to purchase price of the vehicle. \$ \_\_\_\_\_

Equals Fee For New Registration Price.....\$ \_\_\_\_\_

I/We certify under penalty of perjury that the foregoing is true and correct.

Date Dealer No. Dealership Name

By \_\_\_\_\_ Authorized Representative & Title

\*Important: Be certain that dates and other information given are correct. Any person who uses a false or fictitious name, makes a false statement or otherwise commits a fraud upon this application is punishable by prison sentence and possible fine. This application also constitutes an application for refund of excess credit, when applicable.

Yes, I would like to make a voluntary contribution to the anatomical gift public awareness and transplantation fund in the amount of \$ \_\_\_\_\_

**PRIMARY USER INFORMATION (Complete only if the vehicle is owned by a non-resident or by a firm, association, or corporation)**

**Primary User #1:** \_\_\_\_\_  
First Name Middle Name Last Name  
 Iowa DL # or Iowa ID #: \_\_\_\_\_  
(If individual)  
 Birth Date: \_\_\_\_\_  
(If individual)  
 Federal Employer Identification #: \_\_\_\_\_  
(If organization)

Bona fide Residence Address of Primary User #1: \_\_\_\_\_  
Address City County State Zip Code

Mailing Address of Primary User #1: \_\_\_\_\_  
Address City County State Zip Code

**Primary User #2:** \_\_\_\_\_  
First Name Middle Name Last Name  
 Iowa DL # or Iowa ID #: \_\_\_\_\_  
(If individual)  
 Birth Date: \_\_\_\_\_  
(If individual)  
 Federal Employer Identification #: \_\_\_\_\_  
(If organization)

Bona fide Residence Address of Primary User #2: \_\_\_\_\_  
Address City County State Zip Code

Mailing Address of Primary User #2: \_\_\_\_\_  
Address City County State Zip Code

**FEE FOR NEW REGISTRATION - EXEMPTIONS**

Owner Name \_\_\_\_\_ VIN \_\_\_\_\_

If claiming an exemption from payment of the fee for new registration, check the appropriate box below and complete any required additional information. Any applicable exemption code must be listed above the signature line of this title application form.

<input type="checkbox"/> UT01 – Transfer by gift, please explain:	
UT02 – Purchaser is one of the following non-profit or government organizations:	
<input type="checkbox"/> a. Rehabilitation Facility. <input type="checkbox"/> c. Care Facility (residential/intermediate for the Mentally Retarded). <input type="checkbox"/> e. Educational Institution (Private, non-profit). <input type="checkbox"/> g. Government. <input type="checkbox"/> i. Community Healthy Center. <input type="checkbox"/> k. Community Mental Health Center. <input type="checkbox"/> m. Non-profit Private Museum. <input type="checkbox"/> o. Non-profit Organ Procurement Organization.	<input type="checkbox"/> b. Rehabilitation Facility for Mentally Retarded Children. <input type="checkbox"/> d. Care Facility (residential) for the Mentally ill. <input type="checkbox"/> f. Free-standing Hospice Facility. <input type="checkbox"/> h. Hospital licensed under Iowa Code Chapter 135B. <input type="checkbox"/> j. Migrant Health Center. <input type="checkbox"/> l. Legal Aid Organization. <input type="checkbox"/> n. Non-profit Art Center.
UT03	
<input type="checkbox"/> a. Vehicle transferred from a sole proprietorship or partnership to a corporation or LLC (or vice versa) with the ownership remaining exactly the same and for the purpose of continuing the same business. <input type="checkbox"/> b. Corporate Merger – vehicle transferred pursuant to statute to the surviving corporation for no consideration, the merging corporation being dissolved the moment the merger occurs and receiving no benefit from the merger.	
Termination date of prior business: _____	Date of creation of new entity: _____
<input type="checkbox"/> UT04 - Purchased by a licensed dealership for resale. Dealer License #:	
<input type="checkbox"/> UT05 - Purchased for rental. Purchaser's sales tax permit #:	
<input type="checkbox"/> UT06 - Leased vehicle used solely in interstate commerce.	
<input type="checkbox"/> UT07 – Vehicle registered and/or operated under Iowa Code Section 326 (reciprocity) with gross weight of 13 tons or more and with 25% of the mileage outside of Iowa. Both weight and mileage must be met for the first four years of operation to be eligible for the exemption.	
UT08 - Other:	
<input type="checkbox"/> a. Manufactured housing or mobile home. <input type="checkbox"/> c. Vehicle Purchased outside Iowa with no intent to use in Iowa. (A "move-in") <input type="checkbox"/> e. Sales, Use, or Occupational tax paid to another state at time of purchase. <input type="checkbox"/> g. Name added. <input type="checkbox"/> i. Delivered to a resident Native American Indian on the reservation. <input type="checkbox"/> k. Transfer to or from a living or irrevocable trust. <input type="checkbox"/> s. Salvage vehicle.	<input type="checkbox"/> b. Inheritance or court order (e.g.: divorce). <input type="checkbox"/> d. Homemade vehicle. <input type="checkbox"/> f. Name dropped. <input type="checkbox"/> h. Even trade or down trade. <input type="checkbox"/> j. In-Transit title, fee to be paid in title-holder's state of residence. <input type="checkbox"/> l. Other, please explain _____