

Applying for: Regular Title Salvage Title Registration Month _____

OWNER INFORMATION

Present to the County Treasurer of your residence; the County Treasurer of the primary user if non-resident 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/ID or Social Security (SS) Number: _____
(if individual)
 Ownership Status: OR AND Birth Date: _____
(Check one.) (if individual) Federal Employer Identification Number (FEIN): _____
(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/ID or Social Security (SS) Number: _____
(if individual)
 Birth Date: _____
(if individual) Federal Employer Identification Number (FEIN): _____
(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/ID or Social Security (SS) Number: _____
(if individual)
 Birth Date: _____
(if individual) Federal Employer Identification Number (FEIN): _____
(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 No.: _____ Validation Year: _____ Purchase Date or Date Brought into State: _____
 VIN of Traded Vehicle (If applicable): _____ Trailer Empty Weight (If applicable): Over 2,000 lbs. 2,000 lbs. or less

SECURITY INTEREST INFORMATION

Give complete statement of security interests (liens). If none, so state. _____

Nature	Held by	Address (Street, City, State, ZIP Code)
First Security Interest:		FEIN, SS Number, or Electronic Lien and Title (ELT) Identifier: _____
Second Security Interest:		FEIN, SS Number, or Electronic Lien and Title (ELT) Identifier: _____
Third Security Interest:		FEIN, SS Number, or Electronic Lien and Title (ELT) Identifier: _____

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: _____
 I claim a business trade exemption for my truck. (See Page 2.)

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 that includes freight, manufacturer's tax, accessories, and other added equipment or services and represented to total delivered price to the purchaser, valued in money whether received 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 Number _____ Dealership Name _____

 Authorized Representative and 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.)

<p>Primary User #1:</p> <p>First name _____ Middle name _____ Last name _____ Birth Date: _____ (if individual)</p> <p>Bona fide Residence Address of Primary User #1: _____ Address _____ City _____ County _____ State _____ ZIP Code _____</p> <p>Mailing Address of Primary User #1: _____ Address _____ City _____ County _____ State _____ ZIP Code _____</p>	<p>Iowa DL/ID or Social Security (SS) Number: _____ (if individual)</p> <p>Federal Employer Identification Number (FEIN): _____ (if organization)</p>
<p>Primary User #2:</p> <p>First Name _____ Middle Name _____ Last Name _____ Birth Date: _____ (if individual)</p> <p>Bona fide Residence Address of Primary User #2: _____ Address _____ City _____ County _____ State _____ ZIP Code _____</p> <p>Mailing Address of Primary User #2: _____ Address _____ City _____ County _____ State _____ ZIP Code _____</p>	<p>Iowa DL/ID or Social Security (SS) Number: _____ (if individual)</p> <p>Federal Employer Identification Number (FEIN): _____ (if organization)</p>

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 - Purchase is one of the following nonprofit or government organizations:	
<input type="checkbox"/> a. Rehabilitation facility.	<input type="checkbox"/> b. Rehabilitation facility for mentally challenged children.
<input type="checkbox"/> c. Care facility (residential/intermediate for the mentally challenged).	<input type="checkbox"/> d. Care facility (residential) for the mentally ill.
<input type="checkbox"/> e. Educational institution (private, nonprofit).	<input type="checkbox"/> f. Free-standing hospice facility.
<input type="checkbox"/> g. Government.	<input type="checkbox"/> h. Hospital licensed under Iowa Code 135B.
<input type="checkbox"/> i. Community health center.	<input type="checkbox"/> j. Migrant health center.
<input type="checkbox"/> k. Community mental health center.	<input type="checkbox"/> l. Legal aid organization.
<input type="checkbox"/> m. Non-profit private museum.	<input type="checkbox"/> n. Non-profit art center.
<input type="checkbox"/> o. Non-profit organ procurement organization.	
UT03 -	
<input type="checkbox"/> a. Vehicle transferred from a sole proprietorship or partnership to a corporation or limited liability company (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 number: _____	
<input type="checkbox"/> UT05 - Purchased for rental. Purchaser's Sales Tax Permit Number: _____	
<input type="checkbox"/> UT06 - Leased vehicle used solely in interstate commerce.	
<input type="checkbox"/> UT07 - Vehicle registered and/or operated under Iowa Code 326 (reciprocity) with gross weight of 13 tons or more and with 25 percent 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"/> b. Inheritance or court order (e.g., divorce).
<input type="checkbox"/> c. Vehicle purchased outside Iowa with no intent to use in Iowa. (A "move-in.")	<input type="checkbox"/> d. Homemade vehicle.
<input type="checkbox"/> e. Sales, use, or occupational tax paid to another state at time of purchase.	<input type="checkbox"/> f. Name dropped.
<input type="checkbox"/> g. Name added.	<input type="checkbox"/> h. Even trade or down trade.
<input type="checkbox"/> i. Delivered to a resident Native American Indian on the reservation.	<input type="checkbox"/> j. In-transit title, fee to be paid in title-holder's state of residence.
<input type="checkbox"/> k. Transfer to or from a living or irrevocable trust.	<input type="checkbox"/> l. Other, please explain: _____
<input type="checkbox"/> s. Salvage vehicle.	