	Application for REMARKS:												BATCH CODE						
ONLY	Title and Registration													TITLE FEE					
DMV USE (	1905 L	ER AND MOTOR VEHICLE: ANA AVE NE, SALEM ORE E CODE		VT	TI	0	ORG	MP		PROCESS	6	EX		MISC	TIT	LE BRANI	)		REG/REN FEE
)MV	DED	MIT #	MEMODANDU	A DECEMBE				_		5					DEA	LED TRANS	DDE O	JEOVED	VIN FEE
	PER	IVII I #	MEMORANDUN	WI RECEIPT #		ISPECTION ISPECTION IN COMPLIA!		DATE	/ INITIA	LS:					L	LER TRANS	PRECI	HEUNER	LATE TITLE FEE
	1	NEW PLATE #		STICKER#				VEHIC	LE IDEN	ITIFICATION	NUN	/BER (\	VIN)			OREGO	N TITLE	#	REPLACEMENT FEE
VEHICLE INFORMATION	PRESENT OREGON PLATE # EXPIRATION DATE YEAR MAKE										STYLE REG WEIGHT / LENGTH					GVWR OVER YES			
	2													26,000 LBS				PLATE TRANSFER	
	3	FARM ID #	FLEET ACCOUN	NT #   EQUIPME	ENT #	GAS ELECT	BIC [	DIESEL PROPANI	=	HYBRID NATURAL GAS		PLUG HYBF		FLEX-FUEL		RAILER		YES	TOTAL FEE
	ODOMETER: Federal and State laws require that you state the mileage when you transfer ownership on a vehicle 9 years old or newer. Failure to complete an odometer disclosure or providing a false																		
	statement to meet this requirement is a Class C felony under ORS 815.430. Use this certification when required to provide the odometer disclosure but unable to provide the proper disclosure seller. I certify the odometer disclosure listed is true and correct and a disclosure is not available on the required form from the seller. Providing an odometer reading for a vehicle 10 years old of voluntary.																		
	ODOMETER READING (NO TENTHS)  DATE OF READING (MM/DD/YYYY)  DATE OF READING (MM/DD/YYYY)  I certify that, to the best of my knowledge, the odome mileage UNLESS one of these boxes is marked:  the mileage stated is in excess of its mechanical limit the odometer reading is NOT actual mileage. WARN										nits (has rolled over); or								
	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 owner listed uses a work address on DMV records, that owner must be shown on Line 5. See reverse for more information.															rship.) If any owner			
OWNER or LESSEE / ADDRESS	5	PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF (check one) OWNER OR LESSEE ODL / ID / CUSTOMER # DATE OF B										OF BIRT	TH (MM/DD/YYYY)						
	6	RESIDENCE / BU	ISINESS ADDRES	SS - (Address wil	be used t	o update yo	ur ODL / I	ID card)		MAILING	a ADD	RESS	(If differer	nt from residence –	will b	e used to up	date your	ODL / ID ca	ird)
	7	CITY, STATE, ZIP CODE COUNTY OF RESIDENCE								CITY, ST	CITY, STATE, ZIP CODE COUNTY OF MAILING							MAILING	
	8	JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)  ODL / ID / CUSTOMER # DATE OF BIR												TH (MM/DD/YYYY)					
													E OF BIRT	TH (MM/DD/YYYY)					
	ONE-TIME MAILING ADDRESS (Will not change your customer record)  Reg. Only Title Only																		
	CITY, STATE, ZIP CODE  CITY, STATE, ZIP CODE  CITY, STATE, ZIP CODE									COU	COUNTY (of vehicle address or use)								
	CURRENT OR PREVIOUS MILITARY SERVICE: I, (print name), authorize DMV to send my name and address  12 to the Oregon Department of Veterans' Affairs (ODVA) for the purpose of receiving benefit information. (Signature) X													me and address					
		to the Oregon DIRVIVORSHI		/eterans' Affai Joint Owners												_	П	ES	NO
	13					•			•	•	_			of survivorship	).	<b>→</b>	=	ES	NO
œ	SECURITY INTEREST HOLDER (Bank, Finance Company, Person, etc.)										OD	ODL / ID / CUSTOMER # DATE OF BIRT					TH (MM/DD/YYYY)		
HOLDE R	SECURITY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE  TELEPHONE #  ( )															ŧ			
EST F	SECONDARY INTEREST HOLDER (Bank, Finance Company, Person, etc.)										ODL / ID / CUSTOR					MER # DATE OF BIF		E OF BIR	TH (MM/DD/YYYY)
ITY INTEF and/or L	SECONDARY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE  TELEPHONE ( )													PHONE :	<b>‡</b>				
SECURITY INTEREST HOLDER and/or LESSOR	LESSOR (Complete only if lessee is shown as owner on Line 5 above)										ODL / ID / CUSTON					ER # DATE OF BIRTH (MM/DD.			TH (MM/DD/YYYY)
	LESSOR ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE  TELEPHONE #  ( )																		
CERTIFICATIONS	The owner must certify by completing all applicable statements and sign the application to apply for title and registration in Oregon. By signing this application, I also acknowledge the survivorsh as indicated above. 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 a																		
		as indicated above. Under Oregon law, it is a crime to knowingly make any talse statement on an application for title or registration (OHS 803.076, 803.075, 803.075, 803.375 and 803.385). These offenses are Class A misdemeanors and are punishable by a jail sentence of up to one year, a fine of up to \$6,250 or both. Commercial Vehicle - Drug & Alcohol certifications on reverse.  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														n 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.																	
		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).																	
핑	VEH	IICLE USE: If the ov	vnership of this vehicl	le has not been tran	sferred and	d the registra	ition is beir	ng renewed on a t	ow/recover	ry, farm, manuf	actured	d structure	e toter, or	charitable/non-profit	vehicle				or special registration and
S	the use still conforms to the law as previously certified. I certify that my special use trailer, if over eight and one-half feet in width, is used temporarily on a construction site for office purposes only.  SIGNATURE OF OWNER OR LESSEE AS SHOWN ABOVE  DATE  TELEPHONE # ( )																		
TUR	(21)	X												TELEPHO		(	)		
SIGNATURES	<b>22</b>	SIGNATURE OF I	LESSOR (Require	ea it security inte	erest hold	ier is differe	ent than	iessor)		DATE				COUNTER	DAT	ESTAMP	/ INITAL	-8	

			- C T			- 1	REMARKS	:					BATCH CODE
DRIVER AND MOTOR VEHICLE				ansac	ctior	ו							TITLE FEE
1905 LANA AVE NE, SALEM ORI PLATE CODE	1905 LANA AVE NE, SALEM OREGON 97314									MISC	TITLE BRAN	D	REG/REN FEE
							5						VIN FEE
PERMIT #	MEMORANDUM	VIN INSPEC	=	DATE / IN SNO	VITIAL	.S:		PRE CHECKER	LATE TITLE FEE				
NEW PLATE #				IDENT	FIFICATION N	UMBER (\	VIN)		OREGO	ON TITLE #	REPLACEMENT FEE		
PRESENT OREG	ON PLATE #	EXPIRATION D	DATE	YEAR		MAKE		STYLE	REG W	'EIGHT / LENGTH	GVWR O 26,000 LE		PLATE TRANSFER
FARM ID #	FLEET ACCOUN	T# EQUIPME			IESEL ROPANE	Ħ	HYBRID NATURAL GAS	PLUC HYBR OTHE		FLEX-FUEL	TRAILER 8,000 LBS		TOTAL FEE
seller. I certify the odometer disclosure listed is true and correct and a disclosure is not available on the required form from the seller. Providing an odometer reading for a vehicle 10 year voluntary.    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:   the mileage UNLESS one of these boxes is marked:   the mileage stated is in excess of its mechanical limits (has rolled over); or the odometer reading is NOT actual mileage. WARNING - odometer discrepance.											cy.		
Complete Line 5 with t listed uses a work add		ds, that owner r	nust be shown						8 and 9.	(This in no way	y determines	a priority or own	lersnip.) If any owner
RESIDENCE / BU	JSINESS ADDRES	SS - (Address will	be used to updat	te your ODL / ID care	d)		MAILING A	DDRESS	(If differen	t from residence – v	will be used to u	pdate your ODL / ID	card)
CITY, STATE, ZII	PCODE			COUNTY OF RE	CITY, STAT	E, ZIP CC	MAILING						
8	DR LESSEE - PRIN DR LESSEE - PRIN			,	`			,					
ONE-TIME MAILING ADDRESS (Will not change your customer record)  Reg. Only Title Only Both									/////////				
CITY, STATE, ZII	PCODE							ITY, STAT	ΓE, ZIP C	ODE		COUNTY (of	vehicle address or use)

REMARKS:		(DMV USE ONLY)							
	NAME AND ADDRESS R	 REQUIREMENTS							
DMV uses a customer based file. This enable		IV records together for a customer. It is important that you use							
		with DMV. In the case of individuals, the person's date of birth							
(DOB) is also important.									
		gon driver license (ODL), Identification card (ID) or instruction							
		ave an ODL, ID card or instruction permit, DMV will assign a se your true name on all business you conduct with DMV. This							
is the name you have established on your ODL, ID card or instruction permit.  Customer Number for Businesses: If you know your customer number for your business, list that number on the applica									
Businesses must also use the same name in	all business they conduct w	vith DMV.							
Residence or Business Address: Provide the address where you primarily reside. If the owner listed is a lessee, the address of									
lessee must be shown. For a business, you n		the business.  residence or business address, complete the mailing address							
on Lines 6 and 7.	an address other than the	residence of business address, complete the mailing address							
	housed or dispatched from	m an address that is different than the residence or business							
	es 10 and 11. Business ov	wners—be careful not to confuse the vehicle address with your							
business address or mailing address.									
the residence, business or mailing address), y		on document mailed to a one-time mailing address (other than							
		Line 5 will be changed if it is different than what DMV records							
		record. Individuals will receive an address change sticker							
		on Lines 8 and 9 must complete a Change of Address, Form							
6438, and submit it separately, or change the									
		dress on file with DMV: 1) for the owner, the person must be e security interest holder, the person must be listed on Line 14							
		ork address, you must be eligible pursuant to ORS 802.250 and							
		ds, Form 6438A. To change your address from a work address							
back to your residence address, you must sub	_								
	ECONSTRUCTED / ASSE								
	antially altered; destroyed;	vehicle was an abandoned vehicle sold under ORS 819.220; ; totaled (for reasons other than theft) OR if the vehicle is							
A reconstructed vehicle whose body I	•	•							
-		ticular year model or make of vehicle (show year in which							
		NKE" field on Line 2 of this application).							
A replica whose body is built to resemble and be a reproduction of a vehicle with the given year and make as described o									
this application.		J ,							
		cle contains a vehicle identification number (VIN), it is shown on							
• •		RS FROM OTHER MAJOR PARTS USED. Major parts may be							
the body (if not unibody), engine, kit, or axles	(If a trailer). PART NAME AND VIN OR NUMBER	PART NAME AND VIN OR NUMBER							
FART NAME AND VIN OR NOMBER	FART NAME AND VIN ON NOMBER	FART NAME AND VIR OR NOMBER							
	SCHOOL BUS REC	GISTRATION							
	y that the use of this vehic	cle meets the requirements for school buses or school activity							
		e Oregon Department of Education or State Board of Higher							
Education, or an Oregon university governing									
		ng students to or from any school or authorized school activity designated by school, are registered with school bus plates or							
publicly owned plates, whichever is applicate	•	lesignated by serioof, are registered with serioof bas plates of							
		ansportation of students are registered with bus or permanent							
fleet plates.									
SCHOOL DISTRICT NAME(s)									
	COMMEDIAL VE	HICLE DRUG AND ALCOHOL TESTING CERTIFICATION							
<b>♦</b> DMV USE ONLY <b>♦</b>		HICLE - DRUG AND ALCOHOL TESTING CERTIFICATION e, I am knowledgeable of the applicable federal motor carrier safety							
·		naterials regulations or compatible state regulations.							
		ith truck (T) plates, I certify that: I have an in-house drug and alcohol							
	testing program that meets th	he federal requirements; or I am a member of a consortium that provides							
		Il requirements; or I am exempt from the above requirements.							
	The name(s) of person(s) op	erating the consortium:							
		<del></del>							

APPLICANT

Complete all applicable blocks. DO NOT write in the gray blocks (OFFICE USE ONLY). Attach fees and all supporting documents to show proof of ownership (title, manufacturer's certificate of origin (MCO), bill of sale, etc.) MAIL TO: DMV, 1905 Lana Ave NE, Salem OR 97314; or take to any DMV office.