



VEHICLE CERTIFICATE OF OWNERSHIP APPLICATION

Certificate of Fact for Address Verification

Please Type or Print Plainly

F E E S

PLATE OR TPO		COLOR #1 Top or Front Color	COLOR #2 Bottom or Rear Color	VEHICLE IDENTIFICATION (VIN) NUMBER			FILING		
MOD YR	PWR	USE	MAKE	SERIES/BODY TYPE	MODEL ID	VALUE CODE	YEAR	MONORAIL	
CYCLE ENGINE OR MOTOR HOME NUMBER		FLEET CODE	EQUIPMENT#	MO REG	REG EXP DATE	SCALE WEIGHT	SEATS	RTA EXCISE TAX	
DECLARED GWT		MONTH GWT	GWT EXP	MILEAGE	CODE	PREVIOUS TITLE #	STATE	LICENSE	
SPECIAL OPTIONS <input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No Title Issued <input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> NON-ROADWORTHY <input type="checkbox"/> Native American <input type="checkbox"/> Reg Only <input type="checkbox"/> Joint Tenants With Rights Of Survivorship			COUNTY OF RESIDENCE	PURCHASE PRICE	TAX JURISDICTION	TAX RATE	APPLICATION		
Washington State primary residence street address or Washington State principal place of business street address is required on the vehicle record (WAC 308-56A-030). For exceptions to this rule, see form TD-420-004. For more than two Registered or Legal Owners, please attach additional applications.								INSPECTION	
								<input type="checkbox"/> USE TAX EXEMPT: Private automobile was purchased and used by me in another state for a minimum of 90 days while I was a bonafide resident, before I entered Washington on _____ <i>(Must be used in WA for personal and family transportation only.)</i>	VIN ASSIGNMENT
								<input type="checkbox"/> GIFT: Donor previously paid Washington State sales/use tax. <input type="checkbox"/> INHERITANCE: Washington sales/use tax paid by testator. <input type="checkbox"/> Transferred to SPOUSE . <input type="checkbox"/> Sale to INDIAN IN INDIAN COUNTRY . Notarized statement is attached.	GROSS WEIGHT
									GWT CREDIT (ATTACH PROOF)
NEW REGISTERED OWNER								ARBITRATION	
NAME Last		First		Middle Initial				SALES/USE TAX	
NAME Last		First		Middle Initial				LICENSE SERVICE	
Washington State primary residence Street Address (IF AN INDIVIDUAL) OR Washington State principal place of business Street Address (IF A BUSINESS)								REPLACEMENT PLATE	
ADDRESS CONTINUED								LPG	
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE ADDRESS) OR EXCEPTION ADDRESS								AQUATIC WEED	
FIRST OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER				SECOND OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER				LOCAL OPTION	
NEW LEGAL OWNER								TRAUMA	
NAME Last		First		Middle Initial				REPLACEMENT TAB	
NAME Last		First		Middle Initial				PENALTY	
ADDRESS								OUT OF STATE	
ADDRESS CONTINUED								OTHER	
FIRST OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER								TOTAL FEES & TAX	
SECOND OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER								SUBAGENT FEE (DO NOT INCLUDE IN TOTAL)	
DEALER'S REPORT OF SALE		WA DLR NO.	DEALER NAME			DATE 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.		DATE OF DELIVERY	VEHICLE IS: (X) <input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> PREVIOUSLY TITLED			DEALER'S AUTHORIZED SIGNATURE			

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment or both. I declare under penalty of perjury under the laws of the State of Washington that the information I have provided on this form is true and correct.

X _____ Date Signed _____ Place Signed (such as City or County) _____ Position, if signing for a business _____
 Registered Owner Signature

X _____ Date Signed _____ Place Signed (such as City or County) _____ Position, if signing for a business _____
 Registered Owner Signature

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION State of Washington County of _____ Signed or attested before me on _____ by _____ Signature _____ Printed Name of Person Signing Document Notary / Agent Signature Notary's Name (PRINTED or STAMPED) _____ Title _____ Dealer No. OR AND: County / Office No. OR Notary Expiration Date _____
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