

APPLICATION FOR CERTIFICATE OF TITLE - MANUFACTURED HOME

Purpose: Use this form to title a manufactured home. Do not use for self-propelled vehicles or travel trailers.

Instructions: Complete this form and return to any DMV customer service center. DMV may request proof of any

information provided.

OWNER INFORMATION											
Electronic Title Option	on I want DMV to i	maintain an electronic				paper tit	le will be	issued) [YES □NO		
One	Check										
OWNER'S FULL LEGA	L NAME (last, first, mi,	IAME (if bu	usiness owned) TELEPHONE NUMBER DMV (CUSTOMER NUMBER / FEIN / SSN				
CO-OWNER'S FULL LE	EGAL NAME (last, first		TELEPHONE NUMBER DMV C				CUSTOMER NUMBER / FEIN / SSN				
		e) MUST provide their r				esieu,	RESIDEN	ICE/BUSINES	S JURISDICTION		
OWNER'S STREET AD	DDRESS (Apt # if appli	CITY		STATE	ZIP CODE						
OWNER'S MAILING AD	DDRESS (if different fro	CITY		STATE	ZIP CODE						
CO-OWNER'S STREET	Γ ADDRESS (Apt # if a	CITY		STATE	ZIP CODE						
CO-OWNER'S MAILING ADDRESS (if different from above)				CITY		STATE	ZIP CODE				
	TOWN OF				AN YOUR RESIDENC	milita	ry duty c	or service? [sees on active YES NO		
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS - OPTIONAL				CITY	AN TOOK NEODENC	STATE	ZIP CODE				
L. O P		Yes □ No If v		NFORMATIO							
Is there a lien on the FIRST LIEN DATE (mm		must comple	te this section.	LIEN	NHOLDER CODE						
LIENHOLDER MAILING ADDRESS				CITY/TOWN				STATE	ZIP CODE		
SECOND LIEN DATE (mm/dd/yyyy) LIENHOLDER NAME				LIEN				HOLDER CODE			
LIENHOLDER MAILING ADDRESS			CITY/TOWN				STATE	ZIP CODE			
		SOURCE (OF OW	NERSHIP IN	FORMATION						
HOW WAS THIS VEHICLE SOLD TO YOU? RENTOR NUMBER (check one) USED NEW				PURCHASE DATE (mm/dd/yyyy) DEALER			VA DEALER LICENSE NUMBER				
SALES PRICE	PROCESSING FEE	SALES AND USE TAX	VEHICLE	PURCHASED F	ONLY	MANUFA	ANUFACTURER REBATE/INCENTIVE				
STREET ADDRESS	1	1	I	CITY				STATE	ZIP CODE		

MANUFACTURED HOME INFORMATION											
MANUFACTURER				TYPE					MODEL		
PREVIOUS TITLE NUMBER STAT								IOME DIMENSIONS ENGTH FT. x WIDTH			
				1			LENGTH =				FT.
HOME ADDRESS				CITY				STATE	ZIP	CODE	
					AGENCY CODE		In	IVISION COE)F		
IS VEHICLE STATE OR LOCALITY-OWNED? YES - enter agency code NO											
				NOTICE							
PRIVACY NOTICE	: The information	, including Social	Security Num			nce with Virg	inia Code	§§46.2-623	3 and 46	.2-629. <i>A</i>	4ny
person who refuses	s to supply the rec	uired information	will be denied	d a certificate	of title and/or re	gistration. B	y signing	this form, yo	ou autho	rize DM\	
exchange of title ar registration records	nd registration rec s in accordance wi	ords with business th Va. Code §§46.	s, law enforce .2-208 throug	ment, or gov h 46.2-214 a	ernment entities and 18 U.S.C. 27	and you aut '21.	horize DN	/IV's exchan	ige of titl	e and	
							A: Pursua	int to the pro	visions	of Virgini	ia
POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal											I
agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the											icie
Commissioner shall											
			CE	ERTIFICA	TION						
I certify and affirm t information include understand that know	d in all supporting	documentation is	true and acci	urate. I mak	e this certificatio	n and affirma					t the
APPLICANT SIGNAT			•						DATE	(mm/dd/yy	ууу)
CO-APPLICANT SIGNATURE									DATE (mm/dd/yyyy)		
			DI	W/ 110E 6	ALI V						
WITH LIEN?		PROOF OF ADDRI		MV USE C	INLT						
	No	THOSE OF ABBRA	Loc (opcony)								
								LERK STAN	MP		
,									•••		
SALE PRICE	\$	TITLE FEE	\$	DE/	LER SURCHARG	F ¢					
PROCESSING FEE	\$	UMV FEE	\$	DHC	D* (30.00)	\$					
TAX	\$	TRANSFER FEE	\$								
SUBTOTAL	\$	SUBTOTAL	\$	SUB	TOTAL	\$		TOTAL	\$		
*Department of Ho	using and Commu	ınity Develonment	fee collected	from Manuf	actured Home D	ealer when r	nanufactu	ired home is	titled		
_ 550.1.701101						-3.0. 7110111					