

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:** \_\_\_\_\_ Iowa DL No. or Iowa ID No. or Social Security No.: \_\_\_\_\_  
 (If individual)  
 Ownership Status:  OR  AND Birth Date: \_\_\_\_\_  
 (Check One) (If individual) Federal Employer Identification No.: \_\_\_\_\_  
 (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:** \_\_\_\_\_ Iowa DL No. or Iowa ID No. or Social Security No.: \_\_\_\_\_  
 (If individual)  
 First Name Middle Name Last Name Birth Date: \_\_\_\_\_  
 (If individual) Federal Employer Identification No.: \_\_\_\_\_  
 (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:** \_\_\_\_\_ Iowa DL No. or Iowa ID No. or Social Security No.: \_\_\_\_\_  
 (If individual)  
 First Name Middle Name Last Name Birth Date: \_\_\_\_\_  
 (If individual) Federal Employer Identification No.: \_\_\_\_\_  
 (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 2,000lbs.  2,000lbs. 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:		Federal Employer Identification #, Social Security #, or ELT Identifier: _____
Second Security Interest:		Federal Employer Identification #, Social Security #, or ELT Identifier: _____
Third Security Interest:		Federal Employer Identification #, Social Security #, or 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 No. 1 Date

**x** \_\_\_\_\_  
 Signature of Owner No. 2 Date

**x** \_\_\_\_\_  
 Signature of Owner No. 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 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 No. Dealership Name  
 \_\_\_\_\_  
 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 No. or Iowa ID No. or Social Security No.: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ (If individual) Federal Employer Identification No.: \_\_\_\_\_  
 (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 No. or Iowa ID No. or Social Security No.: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ (If individual) Federal Employer Identification No.: \_\_\_\_\_  
 (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 - Purchase is one of the following non-profit 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, non-profit)	<input type="checkbox"/> f. Free-standing Hospice Facility
<input type="checkbox"/> g. Government	<input type="checkbox"/> h. Hospital licensed under Iowa Code Chapter 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 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 No.: _____	
<input type="checkbox"/> UT05 - Purchased for rental. Purchaser's sales tax permit no.: _____	
<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"/> 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	