



Form 411179 (12-08)

# APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION FOR A LEASED VEHICLE

(Check One) Send the registration renewal to the:  Owner  Lessee Registration Month \_\_\_\_\_  
(Check One) Registration refunds shall be made payable to the:  Owner  Lessee

### OWNER INFORMATION (Leasing Company)

Present to County Treasurer of lessee's residence if GVWR is less than 10,000lbs. If the GVWR is 10,000lbs or more, present to the Treasurer of the owner's residence or, if a nonresident, to the Treasurer where the primary user resides.

**Owner:** \_\_\_\_\_ Iowa DL # or Iowa ID # or Social Security #: \_\_\_\_\_  
(If individual)

Leasing License Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
(If individual) (If organization)

Bona fide Residence Address of Owner: \_\_\_\_\_  
Address City County State Zip Code

Mailing Address of Owner: \_\_\_\_\_  
Address City County State Zip Code

### OWNER INFORMATION (Leasing Company)

**Lessee #1:** \_\_\_\_\_ Iowa DL # or Iowa ID # or Social Security #: \_\_\_\_\_  
First Name Middle Name Last Name (If individual)

Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
(If individual) (If organization)

Bona fide Residence Address of Lessee #1: \_\_\_\_\_  
Address City County State Zip Code

Mailing Address of Lessee #1: \_\_\_\_\_  
Address City County State Zip Code

**Lessee #2:** \_\_\_\_\_ Iowa DL # or Iowa ID # or Social Security #: \_\_\_\_\_  
First Name Middle Name Last Name (If individual)

Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
(If individual) (If organization)

Bona fide Residence Address of Lessee #2: \_\_\_\_\_  
Address City County State Zip Code

Mailing Address of Lessee #2: \_\_\_\_\_  
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 Number (if applicable) \_\_\_\_\_ Validation Number \_\_\_\_\_ Validation Year \_\_\_\_\_ Purchase Date or Date Brought Into State \_\_\_\_\_

VIN of traded vehicle (if applicable) \_\_\_\_\_ Trailer Empty Weight (if applicable)  Over 2000lbs  2000lbs 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 # or Social Security #:
Second Security Interest		Federal Employer Identification # or Social Security #:
Third Security Interest		Federal Employer Identification # or Social Security #:

### PURCHASE PRICE

Total Lease Price (for motor vehicles with a GVWR less than 16,000, excluding motorcycles and mopeds) \$ \_\_\_\_\_

(Check only if applicable)

I claim exemption from payment of the fee for new registration. List Exemption Code \_\_\_\_\_ (See Page 2)

I claim a business trade exemption for my truck.

**I/We certify under penalty of perjury that the foregoing is true and correct\***

X \_\_\_\_\_  
Signature of Owner 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 represents the total delivered price to the purchaser, valued in money whether received in 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 \_\_\_\_\_

By \_\_\_\_\_  
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 lessee is not the primary user)**

**Primary User #1:** \_\_\_\_\_ Iowa DL # or Iowa ID #: \_\_\_\_\_  
First Name Middle Name Last Name (If individual)  
 Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
(If individual) (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:** \_\_\_\_\_ Iowa DL # or Iowa ID #: \_\_\_\_\_  
First Name Middle Name Last Name (If individual)  
 Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
(If individual) (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 – Purchaser is one of the following non-profit or government organizations:	
<input type="checkbox"/> a. Rehabilitation Facility. <input type="checkbox"/> c. Care Facility (residential/intermediate for the Mentally Retarded). <input type="checkbox"/> e. Educational Institution (Private, non-profit). <input type="checkbox"/> g. Government. <input type="checkbox"/> i. Community Healthy Center. <input type="checkbox"/> k. Community Mental Health Center. <input type="checkbox"/> m. Non-profit Private Museum. <input type="checkbox"/> o. Non-profit Organ Procurement Organization.	<input type="checkbox"/> b. Rehabilitation Facility for Mentally Retarded Children. <input type="checkbox"/> d. Care Facility (residential) for the Mentally ill. <input type="checkbox"/> f. Free-standing Hospice Facility. <input type="checkbox"/> h. Hospital licensed under Iowa Code Chapter 135B. <input type="checkbox"/> j. Migrant Health Center. <input type="checkbox"/> l. Legal Aid Organization. <input type="checkbox"/> n. Non-profit Art Center.
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 #:	
<input type="checkbox"/> UT05 - Purchased for rental. Purchaser's sales tax permit #:	
<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 to be eligible for exemption.	
UT08 - Other:	
<input type="checkbox"/> a. Manufactured housing or mobile Home. <input type="checkbox"/> c. Vehicle Purchased outside Iowa with no intent to use in Iowa. (A "move-in") <input type="checkbox"/> e. Sales, Use, or Occupational tax paid to another state at time of purchase. <input type="checkbox"/> g. Name added. <input type="checkbox"/> i. Delivered to a resident Native American Indian on the reservation. <input type="checkbox"/> k. Transfer to or from a living or irrevocable trust. <input type="checkbox"/> s. Salvage vehicle.	<input type="checkbox"/> b. Inheritance or court order (e.g.: divorce). <input type="checkbox"/> d. Homemade vehicle. <input type="checkbox"/> f. Name dropped. <input type="checkbox"/> h. Even trade or down trade. <input type="checkbox"/> j. In-Transit title, fee to be paid in title-holder's state of residence. <input type="checkbox"/> l. Other, please explain _____