

STATEMENT OF FACTS

Complete the appropriate section(s) in full (including vehicle description) and sign Section H.

LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE
A. STATEMENT FOR USE TAX EXEM	IPTION	
This transfer is exempt from use tax b Family transfer sold between a parent minors related by blood or adoption). Addition or deletion of family member Gift (does not include vehicles traded Court Order Inheritance NOTE: The Use Tax Exemption cannot otherwise qualifying relative w The current market value is: \$	ecause it is a: t, child, grandparent, grandchild, spouse, (spouse, domestic partner, parent[s], son between individuals, transfer of contracts to be claimed if the vehicle/vessel beir tho is engaged in the business of selling TION ertification for transfer of ownership to ned within the last 90 days. diesel Other ornia. (Exception: Nevada and Mexico) randchild, brother, sister, spouse, or dom ree.*	s or other valuable consideration). Ing transferred was purchased from an ang the same type of vehicle/vessel. Decause: Dec
Individual(s) being added as regi * Does not require smog certification unle	stered owner(s).*	
C. STATEMENT FOR TRANSFER ON		
highway to cause registration fees to be	It has not been driven, moved, towed, come due. It was not transported over a	or left standing on any California public ny California public highway or operated ion will be obtained before the vehicle is
D. WINDOW DECAL FOR WHEELCH	AIR LIFT OR WHEELCHAIR CARRIER	
Enter your Disabled Person License Plate number below:	, or Disabled Veteran License Plate, or Pe	rmanent Disabled Person Parking Placard
DISABLED PERSON PLATE	DISABLED VETERAN PLATE	PERMANENT DISABLED PERSON PLACARD
The vehicle to which my Window Decal w	vill be affixed is:	VEHICLE ID NUMBER
Mail to: NAME		
ADDRESS		
CITY		STATE ZIP

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E. STATEMENT FOR VI	EHICLE BODY CHANGE (OWNERSHIP CERTIFICAT	E REQUIRED)
The current market value	of the vehicle or vessel is	s: \$	
Changes were made at a c	cost of \$	on this date	·
This is what I changed: (
Unladen Weight change	ed because I from	(Public Weighmaste	r Certificate is required. Exception: Trai
	om to		
		to	
F. NAME STATEMENT	(OWNERSHIP CERTIFICA	TE REQUIRED)	
Please print			
□ I,	and		are one and the same pers
☐ Mv name is misspelle	ed. Please correct it to:		
_			
		10	
G. STATEMENT OF FAC	CTS		
, the undersigned, state:			
,			
H. APPLICANT'S SIGN	ATURE		
certify (or declare) unde	er penalty of perjury unde	r the laws of the State of	California that the foregoing is true
PRINTED LAST NAME	FIRST NAME	MIDDLE NAME	DAYTIME PHONE NUMBER
FRINTED LAST NAME	THIOTHWILE	WIIDDLE NAME	DAYTIME PHONE NUMBER
SIGNATURE	THO TWILL	WIDDLE INAME	DATE