

APPLICATION FOR TITLE OR REGISTRATION

FOR ACCURACY, PLEASE PRINT LEGIBLY. COMPLETE BOTH SIDES.

SECTION 1 — VEHICLE INFORMATION				
VEHICLE IDENTIFICATION NUMBER		VEHICLE MAKE	YEAR MODEL	FUEL TYPE
CALIFORNIA LICENSE NUMBER MODEL OR SERIES BODY TYPE MC	DEL	MOTORCYCLE ENGINE N	UMBER	
TYPE OF VEHICLE (CHECK ONE BOX)		FOR TRAILER COACHES	ONLY	
Auto Commercial Motorcycle Off Highway (includes truck or pickup)	Trailer Coach	LENGTH	IN. WIDTH	IN.
Will this vehicle be used for the transportation of persons for hire, comp	ensation or profit	(e a limousine taxi	bus etc.)?	Yes No
Is this a commercial vehicle that operates at 10,001 lbs. or more (or is a				
11,499 lbs. Gross Vehicle Weight Rating (GVWR)?		-	_	🗌 Yes 🗌 No
IMPORTANT: If yes, a Declaration of Gross Vehicle Weight/C If yes, a Motor Carrier Permit may be required.	ombined Gross Ve	hicle Weight (REG 4	008) form must b	e completed.
FOR COMMERCIAL VEHICLES ONLY		v.ca.gov for more inf	ormation.	
Number of axles: Unladen weight:	Actual	pieles over 10 001 lbs		
			s. offiy)	
SECTION 2 — OWNER INFORMATION Each owner must si	gn on reverse si	ide.		
Once registered, upon transfer of ownership, co-owners joined by "AND the signature of only one owner.	" require the signat	ture of each owner; o	o-owners joined	by "OR" require
TRUE FULL NAME OF OWNER (LAST, FIRST MIDDLE, SUFFIX), BUSINESS NAME, OR LESSOR		DRIVER LICENSE/ID CAR	D NUMBER 5	STATE
TRUE FULL NAME OF CO-OWNER OR LESSEE (LAST, FIRST, MIDDLE, SUFFIX)		DRIVER LICENSE/ID CAR		STATE
TRUE FULL NAME OF CO-OWNER OR LESSEE (<i>LAST, FIRST, MIDDLE, SUFFIX</i>)		DRIVER LICENSE/ID CAR	D NUMBER S	STATE
PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., CT., ETC.) APT/SPACE/ST	E. NO. CITY		STATE Z	ZIP CODE
COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE/VESSEL IS PRINCIPALLY GARAGED		EQUIPMENT NUMBER (0)	PTIONAL)	
		, , , , , , , , , , , , , , , , , , ,	,	
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE) APT/SPACE/ST	E. NO. CITY		STATE Z	ZIP CODE
LESSEE ADDRESS (IF DIFFERENT FROM ABOVE) APT/SPACE/ST	E. NO. CITY		STATE Z	ZIP CODE
TRAILER COACH ONLY - ADDRESS WHERE LOCATED (IF DIFFERENT FROM PHYSICAL ABOVE)	CITY		STATE Z	ZIP CODE
SECTION 3 — LEGAL OWNER (LIEN HOLDER/TITLE HOLD	ER) If None, m	ust write "None".		
Attention ELT Legal Owners: The ELT name and address and ELT num			on the ELT listin	
TRUE FULL NAME OF BANK/FINANCE COMPANY OR INDIVIDUAL (DO NOT RE-ENTER NAME OF NE		-		-
		ELT		
PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., CT., ETC.) APT./SPACE/ST	E. NO. CITY		STATE Z	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS ABOVE) APT./SPACE/ST	E. NO. CITY		STATE Z	ZIP CODE
SECTION 4 — ODOMETER INFORMATION				
The odometer upon date of purchase in California was			(no tenths)	If kilometers
reading: as of this date is (if no change in ownership))		1	neck this box: \Box
and to the best of my knowledge reflects the ACTUAL mileage unless of		statements is check	ed.	
WARNING — ODOM	ETER DISCREPAN	NCY		
\Box Odometer reading is NOT the actual mileage	Mileage EXCE	EDS the odometer m	echanical limits	
Explain odometer discrepancy:				
REG 343 (REV. 2/2012) WWW				

MUST COI					KIVIAI	IONE	ELOV	V:												
VEHICLE IDENTI	FICATION N	IUMBEF	3											VEHICLE	EMAKE		YEAR MODEL	-		
SECTION	5 — DA		NFO	RMATIC	ON															
DATE VEHICLE E	INTERED OI	R WILL	ENTER	CALIFORNI	A (CA):			_									CA, then i			
Month		Da	ay		_ Ye	ear											A, enter mos at time of en			
DATE VEHICLE F					\/-								date	vehicle	will be	operat	ed, if it has	not bee	n ope	erated
			-				INSE OR	BECA		RESIDEN	yet		data	which		urrod f	irst. If you h		n o roo	idont
BALE 100 MENT		IN ON LI	011110,	OD II III LD I	it of t bit			DEO									i are not a			
Month		Da	ау		_ Ye	ear					this	box:				-				
DATE VEHICLE V					Va						_	WAS (C		-	4				,	C A
Month						ear						New		Use	<u> </u>		nside CA		Iside	CA
SECTION	6 — CC	DST	INFO	RMATI	ON															
NOTE: Th																	nd all acce	essories	and le	eased
equipment р мизт снеск о										insura	nce, fir	nance	charg	ges, or		-	CHASED OR A		2014	
_																		_		antler
 □ PURCHASE – I purchased the vehicle for the price of \$ □ GIFT – I acquired the vehicle as a gift. Its current market value is \$ □ Immediate Family Member – State 																				
	A Statement of Facts (REG 256) form must be completed. Relationship:																			
		red th	ne veh	icle as a	a trade	. Its va	lue wh	en I	acq	uired i	t was \$			<u> </u>						
		acai	uirina 1	his vehi	cle. we	ere anv	/ bodv	type	e mo	dificat	ions. a	dditior	ns and	d/or alt	erations	; (e.a., (changing f	rom pick	up to i	utility.
Since purchasing or acquiring this vehicle, were any body type modifications, additions and/or alterations (e.g., changing from pickup to utility, etc.) made to this vehicle? <i>If yes, a Statement of Construction (REG 5036) form must be completed</i>																				
The cost of labor is \$					e labor	r cost,	whethe	er or	not	the lab	or was	provi	ded o	r done	by you.	The tot	al cost of t	he vehic	le incl	uding
SECTION	7 — FC	DR O	UT-O	F-STAT	E OR		OF-C	OU	NTR	RY VE	HICLE	S								
For vehicles	which e	enter	the sta	ate withi	n 1 yea	ar of pi	urchas	e, w	as S	ales Ta	ax paic	to an	other	state?			🗆 N	/A 🗌 Y	/es [🗌 No
If yes, enter registered in																	n CA). If yo qualization			
registered in another state, you may be eligible for a Use Tax exemption. For more information, contact the Board of Equalization (<i>www.boe.ca.gov</i>). For commercial vehicles (including pickups), this vehicle was last registered as a: Commercial Vehicle Non-commercial Automobile in the last state of registration.																				
DISPOSITION OF The plates v Expired, Surrende	vill not b or will be	e affi e or v	xed to vere:	-		-							-				e plates ar			
SECTION	8 — MI	LITA	RY S	ERVIC	E INF	ORM/		I												
Are you or y If yes, you n																		🗆 Y	res [] No
When this v If yes, in wh														of the l	J.S. Unif	formed	Services?	· □ \	res [□ No
SECTION	9 — CE	RTI	FICA	TIONS	Sign	nature	s requ	uire	d.											
The signatu																and a	in authoriz	zed repre	esenta	ative's
The registered owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to CVC §1808.21.																				

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME	OWNER'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER
	X		()
PRINTED NAME	CO-OWNER'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER
	X		()
PRINTED NAME	CO-OWNER'S SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER
	X		()