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WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle Certificate of Ownership (Title) Application

Plate or TPO	Color #1	Color #2	Vehicle Identification Number (VIN)	Fees: Filing

Model year	Pwr	Use	Make	Series/Body type	Model ID	Value code	Year	Scale weight

Cycle engine or motor home number	Fleet code	Equip number	MO reg	Reg exp date	Scale weight	Seats	RTA excise tax

Declared GWT	Month GWT	GWT expiration	Mileage	Code	Previous title number	State	License

Special options
- ☐ DAV
- ☐ Leased
- ☐ No title issued
- ☐ NRM
- ☐ Bonded
- ☐ Non-roadworthy
- ☐ Native American
- ☐ Reg only
- ☐ _____
- ☐ Joint tenants with rights of survivorship

County of residence	Purchase price	Tax jurisdiction	Tax rate	Application

Washington State primary residence street address or Washington State principal place of business street address is required on the vehicle record. For exceptions to this rule, see form TD-420-004.

- ☐ **USE TAX EXEMPT**: Private automobile was purchased and used by me in another state for a minimum of 90 days while I was a bonafide resident, before I entered Washington on _____
  (Must be used in Washington for personal and family transportation only.)
- ☐ **GIFT**: Donor previously paid Washington State sales/use tax.
- ☐ **INHERITANCE**: Washington sales/use tax paid by testator.
- ☐ Transferred to **SPOUSE**.
- ☐ Sale to **INDIAN IN INDIAN COUNTRY.** Notarized statement is attached.

Inspection

VIN assignment

Gross weight

GWT credit (Attach proof)

For more than two registered or legal owners, please attach additional applications.

Arbitration

New registered owner

Name *(Last, First, Middle initial)*	(Area code) Telephone number	Sales/Use tax
Name *(Last, First, Middle initial)*	(Area code) Telephone number	License service

Washington State primary residence street address *(if an individual)* or Washington State principal place of business street address *(if a business)* — Plate

Address continued — LPG

Mailing address *(if different than residence address)* or exception address — Aquatic weed

First owner's WA driver license, ID card, or UBI	Expiration date	Second owner's WA driver license, ID card, or UBI	Expiration date	Trauma

New legal owner or lienholder–must be filled out if different than the registered owner

Name *(Last, First, Middle initial)*

Name *(Last, First, Middle initial)*

Address

First owner's WA driver license, ID card, or UBI	Expiration date	Second owner's WA driver license, ID card, or UBI	Expiration date

Replacement tab

State parks donation ☐ $5 ☐ $0

Out of state

Other

Total fees and tax

Dealer's report of sale
I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.

WA dealer number	Dealer name	Date of sale
Date of delivery	Vehicle is: ☐ New ☐ Used ☐ Previously titled	Dealer's authorized signature **X**

Service fee (**Do not** include in total)

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and place	**X** Registered owner signature	Position, if signing for a business
Date and place	**X** Registered owner signature	Position, if signing for a business

Notarization

State of _____, County of _____

Signed or attested before me on _____ by _____
Name of person

(Seal or stamp)

_____
Notary signature

_____
Title

_____
My appointment expires