

# Vehicle Certificate of Ownership (Title) Application

**Fees**

Plate or TPO		Color #1		Color #2		Vehicle Identification Number (VIN)				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 <input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No title issued <input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> Non-roadworthy <input type="checkbox"/> Native American <input type="checkbox"/> Reg only      _____ <input type="checkbox"/> Joint tenants with rights of survivorship				County of residence		Purchase price		Tax jurisdiction	Tax rate		Application		
<b>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.</b>				<input type="checkbox"/> <b>USE TAX EXEMPT:</b> 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.) <input type="checkbox"/> <b>GIFT:</b> Donor previously paid Washington State sales/use tax. <input type="checkbox"/> <b>INHERITANCE:</b> Washington sales/use tax paid by testator. <input type="checkbox"/> Transferred to <b>SPOUSE</b> . <input type="checkbox"/> Sale to <b>INDIAN IN INDIAN COUNTRY</b> . Notarized statement is attached.								Inspection	
												VIN assignment	
												Gross weight	
												GWT credit (Attach proof)	
<b>For more than two registered or legal owners, please attach additional applications.</b> <b>New registered owner</b>										Arbitration			
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			
<b>New legal owner or lienholder</b> —must be filled out if different than the registered owner										Replacement tab			
Name (Last, First, Middle initial)										State parks donation			
Name (Last, First, Middle initial)										<input type="checkbox"/> \$5 <input type="checkbox"/> \$0			
Address										Out of state			
Address										Other			
First owner's WA driver license, ID card, or UBI			Expiration date		Second owner's WA driver license, ID card, or UBI			Expiration date		Total fees and tax			
<b>Dealer's report of sale</b> 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		Service fee (Do not include in total)			
		Date of delivery		Vehicle is: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Previously titled			Dealer's authorized signature <b>X</b>						

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.

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

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

**Notarization**

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
Name of person

\_\_\_\_\_  
Notary signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
My appointment expires

(Seal or stamp)