

Registration Month _____

(Dealer or Recycler Number)

Applying for: Regular Title Salvage Title

OWNER INFORMATION

Application is to be made to the County Treasurer of owner's residence or to a county contiguous to owner's county of residence. If owner(s) is business or organization or is not in Iowa, then Primary User should be identified on Page 2 to establish the county of residence and contiguous counties.

Owner #1: _____
 First Name _____ Middle Name _____ Last Name _____
 Birth Date: _____
 (if individual)
 Iowa DL/ID or Social Security (SS) Number: _____
 (if individual)
 Federal Employer Identification Number (FEIN): _____
 (if organization)

(Check one.)
 Bona fide Residence Address of Owner #1: _____
 Address _____ City _____ County _____ State _____ ZIP Code _____

Mailing Address of Owner #1: _____
 Address _____ City _____ County _____ State _____ ZIP Code _____

Ownership Status: OR AND (Check one.)

Owner #2: _____
 First Name _____ Middle Name _____ Last Name _____
 Birth Date: _____
 (if individual)
 Iowa DL/ID or Social Security (SS) Number: _____
 (if individual)
 Federal Employer Identification Number (FEIN): _____
 (if organization)

Bona fide Residence Address of Owner #2: _____
 Address _____ City _____ County _____ State _____ ZIP Code _____

Mailing Address of Owner #2: _____
 Address _____ City _____ County _____ State _____ ZIP Code _____

- Check if there is a designated Primary User to establish Iowa residency and complete information on Page 2.
- Check if there are three owners and also complete **Owner #3** information on Page 3.
- Check if title or registration/plates are to be mailed to any address other than the owner's address and provide address on Page 3

VEHICLE INFORMATION

VIN: _____ Year: _____ Make: _____ Model: _____ Type (car, truck, etc.): _____

Style: _____ Color: _____ Fuel: _____ Cylinders: _____ Tonnage: _____ GVWR: _____ Sq. footage: _____

Iowa Plate to be transferred to vehicle - Plate Number: _____ Plate Type: _____ New Used

VIN of Traded Vehicle #1: _____ VIN of Traded Vehicle #2 (if any): _____

Trailer Empty Weight (If applicable): Over 2,000 lbs. 2,000 lbs. or less List any additional trade-in vehicles on page 3 of this form.

Purchase Date or Date Brought into State: _____ Iowa title must be obtained within 30 days of purchase or move-in or penalties may apply.

SECURITY INTEREST INFORMATION

Security interest holders: None One Two Three. If more than one, provide information on page 3 of this form.

First Security Interest:	Address (Street, City, State, ZIP Code)
FEIN, SS Number, or <input type="checkbox"/> Electronic Lien and Title (ELT) Identifier:	

Check here if Security Interest was previously submitted to county as an "escrow lien."

PURCHASE PRICE

Purchase Price (Purchase Price less any trade.): \$ _____

(Check only if applicable.)

- I claim exemption from payment of the fee for new registration. List exemption code: _____
- I claim a business trade exemption for my truck. (See Page 2.)

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

x _____
Signature of Owner #1 **Date**

x _____
Signature of Owner #2 **Date**

x _____
Signature of Owner #3 **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 that includes freight, manufacturer's tax, accessories, and other added equipment or services and represented to total delivered price to the purchaser, valued in money whether received 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 Number _____ Dealership Name _____

_____ Authorized Representative and Title

- I authorize the Iowa licensed dealer to submit the application through an electronic registration and title system
- I authorize this application to be made to _____ County which will issue the title and registration plates. This county is contiguous to the county of residence for the owner or primary user. Salvage title applications may only be submitted to the county treasurer for the applicant's county of residence.

***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 \$ _____

Supplemental Information (do not submit this page if it is blank)

PRIMARY USER INFORMATION (Complete only if the vehicle is owned by a non-resident or by a firm, association, or corporation.)

Primary User #1: _____ Iowa DL/ID or Social Security (SS) Number: _____
First name Middle name Last name (if individual)
 Birth Date: _____ Federal Employer Identification Number (FEIN): _____
(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/ID or Social Security (SS) Number: _____
First Name Middle Name Last Name (if individual)
 Birth Date: _____ Federal Employer Identification Number (FEIN): _____
(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

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 checked="" type="checkbox"/> UT01 - Transfer by gift, please explain.																	
<input type="checkbox"/> UT02 - Purchase is one of the following nonprofit or government organizations: <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> a. Rehabilitation facility.</td> <td><input type="checkbox"/> b. Rehabilitation facility for mentally challenged children.</td> </tr> <tr> <td><input type="checkbox"/> c. Care facility (residential/intermediate for the mentally challenged).</td> <td><input type="checkbox"/> d. Care facility (residential) for the mentally ill.</td> </tr> <tr> <td><input type="checkbox"/> e. Educational institution (private, nonprofit).</td> <td><input type="checkbox"/> f. Free-standing hospice facility.</td> </tr> <tr> <td><input type="checkbox"/> g. Government.</td> <td><input type="checkbox"/> h. Hospital licensed under Iowa Code 135B.</td> </tr> <tr> <td><input type="checkbox"/> i. Community health center.</td> <td><input type="checkbox"/> j. Migrant health center.</td> </tr> <tr> <td><input type="checkbox"/> k. Community mental health center.</td> <td><input type="checkbox"/> l. Legal aid organization.</td> </tr> <tr> <td><input type="checkbox"/> m. Non-profit private museum.</td> <td><input type="checkbox"/> n. Non-profit art center.</td> </tr> <tr> <td><input type="checkbox"/> o. Non-profit organ procurement organization.</td> <td></td> </tr> </table>		<input type="checkbox"/> a. Rehabilitation facility.	<input type="checkbox"/> b. Rehabilitation facility for mentally challenged children.	<input type="checkbox"/> c. Care facility (residential/intermediate for the mentally challenged).	<input type="checkbox"/> d. Care facility (residential) for the mentally ill.	<input type="checkbox"/> e. Educational institution (private, nonprofit).	<input type="checkbox"/> f. Free-standing hospice facility.	<input type="checkbox"/> g. Government.	<input type="checkbox"/> h. Hospital licensed under Iowa Code 135B.	<input type="checkbox"/> i. Community health center.	<input type="checkbox"/> j. Migrant health center.	<input type="checkbox"/> k. Community mental health center.	<input type="checkbox"/> l. Legal aid organization.	<input type="checkbox"/> m. Non-profit private museum.	<input type="checkbox"/> n. Non-profit art center.	<input type="checkbox"/> o. Non-profit organ procurement organization.	
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UT03 - <input type="checkbox"/> a. Vehicle transferred from a sole proprietorship or partnership to a corporation or limited liability company (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 number: _____																	
<input type="checkbox"/> UT05 - Purchased for rental. Purchaser's Sales Tax Permit Number: _____																	
<input type="checkbox"/> UT06 - Leased vehicle used solely in interstate commerce.																	
<input type="checkbox"/> UT07 - Vehicle registered and/or operated under Iowa Code 326 (reciprocity) with gross weight of 13 tons or more and with 25 percent of the mileage outside of Iowa. Both weight and mileage must be met for the first four years of operation to be eligible for the exemption.																	
UT08 - Other <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> a. Manufactured housing or mobile home.</td> <td><input type="checkbox"/> b. Inheritance or court order (e.g., divorce).</td> </tr> <tr> <td><input type="checkbox"/> c. Vehicle purchased outside Iowa with no intent to use in Iowa. (A "move-in.")</td> <td><input type="checkbox"/> d. Homemade vehicle.</td> </tr> <tr> <td><input type="checkbox"/> e. Sales, use, or occupational tax paid to another state at time of purchase.</td> <td><input type="checkbox"/> f. Name dropped.</td> </tr> <tr> <td><input type="checkbox"/> g. Name added.</td> <td><input type="checkbox"/> h. Even trade or down trade.</td> </tr> <tr> <td><input type="checkbox"/> i. Delivered to a resident Native American Indian on the reservation.</td> <td><input type="checkbox"/> j. In-transit title, fee to be paid in title-holder's state of residence.</td> </tr> <tr> <td><input type="checkbox"/> k. Transfer to or from a living or irrevocable trust.</td> <td><input type="checkbox"/> l. Other, please explain: _____</td> </tr> <tr> <td><input type="checkbox"/> s. Salvage vehicle.</td> <td></td> </tr> </table>		<input type="checkbox"/> a. Manufactured housing or mobile home.	<input type="checkbox"/> b. Inheritance or court order (e.g., divorce).	<input type="checkbox"/> c. Vehicle purchased outside Iowa with no intent to use in Iowa. (A "move-in.")	<input type="checkbox"/> d. Homemade vehicle.	<input type="checkbox"/> e. Sales, use, or occupational tax paid to another state at time of purchase.	<input type="checkbox"/> f. Name dropped.	<input type="checkbox"/> g. Name added.	<input type="checkbox"/> h. Even trade or down trade.	<input type="checkbox"/> i. Delivered to a resident Native American Indian on the reservation.	<input type="checkbox"/> j. In-transit title, fee to be paid in title-holder's state of residence.	<input type="checkbox"/> k. Transfer to or from a living or irrevocable trust.	<input type="checkbox"/> l. Other, please explain: _____	<input type="checkbox"/> s. Salvage vehicle.			
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VIN: _____

Supplemental Information (do not submit this page if it is blank)

ADDITIONAL OWNER INFORMATION

Owner #3: _____ Iowa DL/ID or Social Security (SS) Number: _____
First Name Middle Name Last Name (if individual)
 Birth Date: _____ Federal Employer Identification Number (FEIN): _____
(if individual) (if organization)

Bona fide Residence Address of Owner #3: _____
Address City County State ZIP Code

Mailing Address of Owner #3: _____
Address City County State ZIP Code

ONE-TIME MAILING ADDRESS

One-time mailing address for title and/or registration/plates

Name Address City County State ZIP Code

ADDITIONAL TRADE-IN VEHICLES

Additional trade-in vehicle(s), if any (VIN): _____

ADDITIONAL SECURITY INTEREST INFORMATION

Nature	Held by	Address (Street, City, State, ZIP Code)
Second Security Interest:		
		FEIN, SS Number, or <input type="checkbox"/> Electronic Lien and Title (ELT) Identifier:
Third Security Interest:		
		FEIN, SS Number, or <input type="checkbox"/> Electronic Lien and Title (ELT) Identifier:

ADDITIONAL EXPLANATION OR INSTRUCTIONS (if needed)