

Vehicle Title Application

													Permit r	number		
Vehicle -	Lease	number	· · · · · · · · · · · · · · · · · · ·			☐ Title purp	oses only	Fuel type								
Vehicle identification number (VIN)				Condition Vehicle ty				pe Primai			y use type			Fuel type		
Model year Make			Model				T	rim	Bod	dy style			Motorcy	Motorcycle style		
GV weight rating Scale v		Scale wt	Gross weight	t Mo GWT Seats Trl axles C		Color	olor #1		C	Color #2		Equip number Purchase price				
Wheels Rental number Fleet Engine (MC)				Motor home/Cycle/WATV eng se				erial no Length Wid						ver pass Park donation S No		
	dence s	street addı	ress or Was	shington	princi	oal place	of b	usiness							Washington cle record. Fo	
1 Owner typ	Owner type		ID type		Driver license/ID/TIN/EIN/UBI			no Expiration date			Phone typ	е	(Ar	(Area code) phone number		
Registered ow	ner full n	ame (Last, I	First, Middle,	Suffix) or I	Busines	s name							ļ			
Washington primary residence address (if an individual) or Washington principal place of business address (if a business)																
Mailing addres	ss, if diffe	rent than res	idence addres	ss (Street a	address	or PO Bo	x, City,	State, Z	IP co	de) o	r exceptior	address				
One-time mail	ing addre	ess, if applica	able													
Email address								Paperless renewal option □ Notify me by email when it's					time to renew my vehicle			
2 Owner typ		Ownership—Jof survivorship (JTWROS)	oint tenants w/r	-			Driv	Driver license/ID/TIN/E			EIN/UBI no Expiration dat			ite (Area code) phone number		
Registered ow	ner full n	ame (Last, I	First, Middle,	Suffix) or I	Busines	s name						'		1		
Legal ow	ner/L	ienhold	er* – Fill o	ut if diffe	rent th	an regist	ered	owner.	For	addi	tional leg	al owne	r/lienho	lders, se	e <u>Vehicle Title</u>	
Application /			*				nolde	r may b	e a	dded	d by selli	ng deal	er at a l	ater time	Э.	
Name of legal	owner/lie	ennolder (<i>La</i>	st, First, Ivildal	e initiai or i	Busines	ss name)										
Legal owner/Lienholder type ID type			Driver license/ID/TIN/EI				N/UBI number			Expiration	n date		ELT participant ☐ Yes ☐ No			
Mailing addres	ss (Street	t address or	PO Box, City,	State, ZIP	code)									1		
Dealer																
Dealer type	Deale	r no Dealer	name					Sale dat	е		Delivery da		hicle stat		☐ Prev titled	
			The vehicle is clear of end x has been collected.				cumbrances			Dealer autl X	norized si	gnature	nature			
Anyone who	knowing	gly makes	a false state	ment may	/ be gu	uilty of a f									shed by a fine, e and correct.	
X					X											
Signature of registered owner				Fitle, if signing for business				Signature of registered owner					Title, if signing for business			
Date and place	Date and place signed															
Notarizatio	n/Certi		ou don't need	-		-	_				ehicle licer				our signature.	
		Signed o	r attested befo	ore me on .			by <u> </u>	ne of per	son(s	s) sia	ning this do	ocument				
(Seal or s				Name of person(s) signing this document Notary/Agent/Subagent signature												
									Nota	ary pi	rinted or st	amped na	ame			
		Title						an	d Dea	ller o	r county/off	ice numh	er or not:	arv exnirat	ion date	

TD-420-001 (R/5/19)VWA