

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	
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.				<input type="checkbox"/> 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.)				Inspection		
				<input type="checkbox"/> GIFT: Donor previously paid Washington State sales/use tax.				VIN assignment		
				<input type="checkbox"/> INHERITANCE: Washington sales/use tax paid by testator.				Gross weight		
				<input type="checkbox"/> Transferred to SPOUSE.				GWT credit (Attach proof)		
				<input type="checkbox"/> Sale to INDIAN IN INDIAN COUNTRY. Notarized statement is attached.				Arbitration		
For more than two registered or legal owners, please attach additional applications. 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)										
Address continued										
Mailing address (if different than residence address) or exception 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		Trauma
New legal owner or lienholder – must be filled out if different than the registered owner										
Name (Last, First, Middle initial)						Replacement tab				
Name (Last, First, Middle initial)						State parks donation <input type="checkbox"/> \$5 <input type="checkbox"/> \$0				
Address						Out of state				
First owner's WA driver license, ID card, or UBI						Expiration date				
Second owner's WA driver license, ID card, or UBI						Expiration date				
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: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> 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/Certification for registered owner signature

State of _____, County of _____

Signed or attested before me on _____ by _____

(Seal or stamp)

Signature

Printed or stamped name

Title _____ and _____

Dealer or county/office number or notary expiration date