

Registration Month \_\_\_\_\_ (Dealer or Recycler Number)

Applying for:  Regular Title  Salvage Title

**OWNER INFORMATION**

Application is to be made to the County Treasurer designated by the owner below. If owner(s) is not in Iowa, then primary user shall be identified on Page 2 to establish Iowa residency.

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

**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 \_\_\_\_\_ Iowa DL/ID or Social Security (SS) Number: \_\_\_\_\_  
(if individual)  
Birth Date: \_\_\_\_\_ Federal Employer Identification Number (FEIN): \_\_\_\_\_  
(if individual) (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.): \_\_\_\_\_

Color: \_\_\_\_\_ Fuel: \_\_\_\_\_ Cylinders: \_\_\_\_\_ Tonnage: \_\_\_\_\_ GVWR: \_\_\_\_\_ Sq. footage: \_\_\_\_\_

Iowa Plate to be transferred to vehicle - Plate Number: \_\_\_\_\_ Plate Type: \_\_\_\_\_  New Vehicle  
VIN of Traded Vehicle #1: \_\_\_\_\_ VIN of Traded Vehicle #2 (if any): \_\_\_\_\_  Used Vehicle

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.

<b>First Security Interest:</b>	<b>Address (Street, City, State, ZIP Code)</b>
	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.) **If exemption, complete blue highlighted fields.**

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

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**

**List all owners**

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 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 \_\_\_\_\_  
Signature of Authorized Representative and Title \_\_\_\_\_

- I authorize this application to be submitted and processed through the Iowa electronic registration and title system.
- I authorize the application to be made to \_\_\_\_\_ County, which will issue the title and registration plates, if applicable. If this box is unchecked or the authorized county is not listed, the application shall be made to the county of residence for an owner or primary user.

**\*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:** \_\_\_\_\_  
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 Primary User #1: \_\_\_\_\_  
Address City County State ZIP Code

Mailing Address of Primary User #1: \_\_\_\_\_  
Address City County State ZIP Code

**Primary User #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 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 type="checkbox"/> UT01 - Transfer by gift, please explain. _____	
UT02 - Purchase is one of the following nonprofit or government organizations:	
<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.	
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	
<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.	

VIN: \_\_\_\_\_

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

**ADDITIONAL OWNER INFORMATION**

**Owner #3:** \_\_\_\_\_  
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 #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)**