

# COMMONWEALTH OF VIRGINIA

## DEPARTMENT OF MOTOR VEHICLES

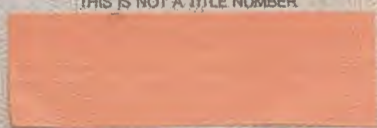
### CERTIFICATE OF TITLE FOR A VEHICLE

**KEEP IN SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE**

THE DEPARTMENT OF MOTOR VEHICLES, COMMONWEALTH OF VIRGINIA, HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH, THAT THE APPLICANT NAMED ON THE FACE HEREON HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE, AND THAT, FROM THE STATEMENTS OF THE OWNER AND THE RECORDS ON FILE WITH THIS DEPARTMENT, THE HEREON DESCRIBED VEHICLE IS SUBJECT TO THE SECURITY INTEREST RECORDS ON FILE WITH THIS DEPARTMENT, AND AS DESCRIBED HEREON, IF ANY. THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH ALSO PROVIDE THAT ALL TITLE AND REGISTRATION INFORMATION IN THE OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES IS PRIVILEGED AND ONLY SUBJECT TO DISSEMINATION TO AUTHORIZED AGENCIES, BUSINESS ORGANIZATIONS OR AGENTS, GOVERNMENTAL ENTITIES AND INDIVIDUALS UNDER THE CONDITIONS SPECIFIED BY MOTOR VEHICLE CODE SECTIONS 46.2-208, 46.2-209 AND 46.2-210.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THIS IS NOT A TITLE NUMBER



VOID IF ALTERED

VOID IF ALTERED

**A** Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following (printed name and address of Buyer(s)).

<p>• ASSIGNMENT OF TITLE BY OWNER •                  • NOTIFY DMV WHEN VEHICLE IS SOLD •</p>	<p>Buyer(s) Name _____                  Street _____ City, State, Zip _____</p> <p style="text-align: center;">I certify to the best of my knowledge that the odometer reading is: <input type="checkbox"/> ACTUAL Mileage <input type="checkbox"/> NOT ACTUAL Mileage                  (odometer discrepancy) <input type="checkbox"/> IN EXCESS of Mechanical Limits <input type="checkbox"/> Vehicle was exempt from disclosure in prior state                  of title (applicant must present out-of-state title showing exemption)</p> <p>Signature of Seller(s) _____ Printed Name of Seller(s) _____</p> <p>Signature of Buyer(s) _____ Printed Name of Buyer(s) _____</p> <p>I am aware of the above odometer certification made by the Seller(s) _____</p> <p>I am aware of the above odometer certification made by the Seller(s) _____</p> <p>Seller warrants this certificate of title except that at the time of transfer it may be subject to lien. See section F _____ Dealer's No. _____ Licensing Jurisdiction _____</p>
	<p>DATE OF SALE _____                  SALE PRICE _____</p>



Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete the odometer disclosure statement or providing a false statement may result in fines and/or imprisonment.

**B** I am aware of the dealer's odometer certification. Date of Sale \_\_\_\_\_ Sale Price \_\_\_\_\_

Buyer(s) Printed Name \_\_\_\_\_ Buyer(s) Signature \_\_\_\_\_  
 Buyer(s) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ODOMETER READING** (No. Tenths) \_\_\_\_\_ I certify to the best of my knowledge that the odometer reading is:  
 ACTUAL Mileage  NOT ACTUAL Mileage (odometer discrepancy)  IN EXCESS of Mechanical Limits  
 Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

Dealer(s) Signature \_\_\_\_\_ Dealer(s) Printed Name \_\_\_\_\_ Dealer Number \_\_\_\_\_ Licensing Jurisdiction \_\_\_\_\_

The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.

**C** I am aware of the dealer's odometer certification. Date of Sale \_\_\_\_\_ Sale Price \_\_\_\_\_

Buyer(s) Printed Name \_\_\_\_\_ Buyer(s) Signature \_\_\_\_\_  
 Buyer(s) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ODOMETER READING** (No. Tenths) \_\_\_\_\_ I certify to the best of my knowledge that the odometer reading is:  
 ACTUAL Mileage  NOT ACTUAL Mileage (odometer discrepancy)  IN EXCESS of Mechanical Limits  
 Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

Dealer(s) Signature \_\_\_\_\_ Dealer(s) Printed Name \_\_\_\_\_ Dealer Number \_\_\_\_\_ Licensing Jurisdiction \_\_\_\_\_

The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.

**D** I am aware of the dealer's odometer certification. Date of Sale \_\_\_\_\_ Sale Price \_\_\_\_\_

Buyer(s) Printed Name \_\_\_\_\_ Buyer(s) Signature \_\_\_\_\_  
 Buyer(s) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ODOMETER READING** (No. Tenths) \_\_\_\_\_ I certify to the best of my knowledge that the odometer reading is:  
 ACTUAL Mileage  NOT ACTUAL Mileage (odometer discrepancy)  IN EXCESS of Mechanical Limits  
 Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

Dealer(s) Signature \_\_\_\_\_ Dealer(s) Printed Name \_\_\_\_\_ Dealer Number \_\_\_\_\_ Licensing Jurisdiction \_\_\_\_\_

The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.

**E** **DOES YOUR VEHICLE QUALIFY FOR CAR TAX RELIEF?**  
 If you can answer YES to any of the following questions, your motor vehicle is considered by State Law to have a business use and does NOT qualify for Personal Property Tax Relief.  
 • Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer?  
 • Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for Federal Income Tax purposes?  
 • Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code?  
 • If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?  
 This vehicle is for  Personal Use  Business Use Check one of the boxes. See business use criteria above.

**F** LIENOR'S NAME \_\_\_\_\_ LIENOR CODE \_\_\_\_\_ DATE OF LIEN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**G** VEHICLE COLOR: \_\_\_\_\_ REGISTRATION PERIOD:  1 YR  2 YRS (\$2 discount)  3 YRS (\$3 discount) (Emissions areas not eligible for 3 YR registration)

**INSURANCE CERTIFICATION:** A vehicle must be insured with liability coverage when it is registered, and it must remain insured while registered, whether or not it is operated, OR the uninsured motor vehicle fee must be paid. Penalties are severe for violation of this requirement.  
**/We certify that (check one):**  
 This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. Provide name of insurance company \_\_\_\_\_  
 This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. (This fee provides no insurance coverage.)

**POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA:** Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.

**PRIVACY NOTICE:** The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.

**H** NO PAPER TITLE - Check this box  if you do not want a paper title issued to you. An electronic Certificate of Title will remain on the file for this vehicle at DMV.

If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co-owner?  YES  NO

Are any of the vehicle owners on active military duty or service?  YES  NO

I/We certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge. I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER/FEIN OR CUSTOMER IDENTIFIER OF APPLICANT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS OF APPLICANT \_\_\_\_\_

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER/FEIN OR CUSTOMER IDENTIFIER OF CO-APPLICANT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS OF CO-APPLICANT \_\_\_\_\_

VEHICLE PRINCIPALLY GARAGED IN CITY, TOWN, COUNTY OR STATE OF \_\_\_\_\_  
 CITY OR TOWN OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

WITH LIEN  YES  NO Proof of Address (specify proof document presented)

**DMV USE ONLY**  
 SALE PRICE \$ \_\_\_\_\_ BEFORE TRADE IN ALLOWANCE  
 TAX \$ \_\_\_\_\_ (MINIMUM TAX MAY APPLY)  
 TITLE FEE \$ \_\_\_\_\_  
 TRANSFER FEE \$ \_\_\_\_\_  
 REG FEE \$ \_\_\_\_\_  
 WT INCREASE FEE \$ \_\_\_\_\_  
 PERSONALIZED PLATE FEE \$ \_\_\_\_\_  
 UMV FEE \$ \_\_\_\_\_  
 OTHER \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

Reassignment Form, Control No., (if applicable) ANY ALTERATIONS OR ERASURES WILL VOID THIS CERTIFICATE OF TITLE AND IT MUST THEN BE SURRENDERED TO SECURE A REPLACEMENT TITLE  
 PURCHASER MUST SECURE A NEW TITLE OR SURRENDER THIS ONE TO DMV WITHIN 30 DAYS OF SALE DATE.  
 VSA3L REV. (7/21)

Log# \_\_\_\_\_ PLATE TYPE \_\_\_\_\_ PLATE NO. \_\_\_\_\_ EXPIRE DATE \_\_\_\_\_ ISSUED \_\_\_\_\_ TITLE NUMBER \_\_\_\_\_ DMV USE ONLY \_\_\_\_\_ CLERK INITIALS \_\_\_\_\_