

APPLICATION FOR TITLE OR REGISTRATION

FOR ACCURACY, PLEASE PRINT LEGIBLY. COMPLETE BOTH SIDES.

SECTION 1 — VEHICLE INF	ORMATION												
VEHICLE IDENTIFICATION NUMBER							VEHICL	E MAKE		YEAR N	MODEL	F	UEL TYPE
CALIFORNIA LICENSE NUMBER	MODEL OR SERI	ES	BODY TYPE	MODEL	'		MOTOR	RCYCLE E	NGINE NUI	MBER			
TYPE OF VEHICLE (CHECK ONE BOX)							FOR TF	RAILER CO	ACHES O	NLY			
Auto Commercial (includes truck or pickup)	Motorcycle	☐ Off H	ighway	☐ Tra	iler Co	ach	LENGTI	н		_IN. V	VIDTH		IN.
Will this vehicle be used for the t		persons fo	r hire, co	mpensa	ion, or	profit (e.g. lim	ousine	, taxi, b	us, etc.	.)?	☐ Ye	s 🗌 No
Is this a commercial vehicle that 11,499 lbs. Gross Vehicle Weight												☐ Ye	s 🗌 No
IMPORTANT: If yes, a If yes, a	Declaration of O Motor Carrier P	Gross Vehic ermit may b	ele Weigh oe require	t/Combir ed. Refer	ed Gro	ss Veh v. dmv	nicle W	eight (F v for m	REG 40 ore info	08) forr	m musi า.	t be com	pleted.
FOR COMMERCIAL VEHICLES ONLY				ПА	ctual								
Number of axles:	Unladen we	en weight: Estimated (Vehicles over 10,001 lbs. only)											
SECTION 2 — OWNER INFORMATION Each owner must sign on reverse side.													
Once registered, upon transfer of the signature of only one owner.	•	owners joir	ned by "Al	ND" requ	ire the	signatu	ure of e	each ov	vner; co	o-owner	rs joine	ed by "O	R" require
TRUE FULL NAME OF OWNER (LAST, FIRST N		NESS NAME, OF	R LESSOR				DRIVER	R LICENSE	/ID CARD	NUMBER		STATE	
								1	1 1	1 1	- 1		
TRUE FULL NAME OF CO-OWNER OR LESSE	E (LAST, FIRST, MIDDLE	E, SUFFIX)					DRIVER	R LICENSE	/ID CARD	NUMBER		STATE	
□ AND □ OR								1	1 1	1 1	ı		
TRUE FULL NAME OF CO-OWNER OR LESSE	E (LAST, FIRST, MIDDLE	E, SUFFIX)			,		DRIVER	LICENSE	/ID CARD	NUMBER		STATE	
AND								1	1 1	1 1	ı		
PHYSICAL RESIDENCE OR BUSINESS ADDRI	ESS (INCLUDE ST., AVE	, CT., ETC.)	APT./SPACE	STE. NO. (ITY					STATE		ZIP COD	E
COUNTY OF RESIDENCE OR COUNTY WHEF	RE VEHICLE/VESSEL IS	PRINCIPALLY (GARAGED				EQUIPN	MENT NUN	MBER (OP)	TIONAL)			
MAILING ADDRESS (IF DIFFERENT FROM PH	YSICAL ADDRESS ABO	OVE)	APT./SPACE	STE. NO. (ITY					STATE		ZIP COD	
		,											
LESSEE ADDRESS (IF DIFFERENT FROM ABO	OVE)		APT./SPACE	STE. NO. (ITY					STATE		ZIP COD	E
TRAILER COACH ONLY - ADDRESS WHERE L	OCATED (IF DIFFEREN	T FROM PHYSI	CAL ABOVE)	(CITY					STATE		ZIP COD	E
SECTION 3 — LEGAL OWN	ER (LIEN HO	_DER/TIT	LE HOL	DER)	If Non	e, mu	ıst wri	ite "No	ne".				
Attention ELT Legal Owners: The	e ELT name and	address ar	nd ELT ni	umber M	UST be	enter	ed exa	ctly as	shown	on the	ELT lis	ting.	
TRUE FULL NAME OF BANK/FINANCE COMPA	ANY OR INDIVIDUAL (O NOT RE-ENT	ER NAME OF	NEW REGI	STERED OV	VNER(S)	ABOVE)		LECTRON	IC LIENHO	DLDER ID	NO.	
PHYSICAL RESIDENCE OR BUSINESS ADDRI	ESS (INCLUDE ST. AVE	CT_FTC)	APT./SPACE	VETE NO (ITV			E	LT	STATE		ZIP COD	
FRISICAL RESIDENCE ON BUSINESS ADDRI	ESS (INCLUDE SI., AVE	, 01., 210.)	AF 1./SFACE	731E. NO. (11 1					SIAIE		ZIF COD	_
MAILING ADDRESS (IF DIFFERENT FROM PH	YSICAL ADDRESS ABO	OVE)	APT./SPACE	S/STE. NO. (CITY					STATE		ZIP COD	E
SECTION 4 — ODOMETER	INFORMATIO	N											
The odometer upon	date of purchas	e in Califor	nia was	Γ] [/ (no t	enths)	If kild	meters
reading: as of	this date is (if no	change in	n ownersh				,		/tł	ns mi	iles,		nis box: \Box
and to the best of my knowledge					the follo	owing s	statem	ents is	checke	d.			
WARNING — ODOMETER DISCREPANCY													
$\hfill\Box$ Odometer reading is NOT the	e actual mileage			\square M	leage E	XCEE	DS the	e odom	eter me	chanic	al limit	S	
Explain odometer discrepancy: _REG 343 (REV. 2/2012) www													

MUST COMPLETE VEHICLE INFORMATION	ON BELOW:			
VEHICLE IDENTIFICATION NUMBER		VE	EHICLE MAKE	YEAR MODEL
SECTION 5 — DATE INFORMATION				
DATE VEHICLE ENTERED OR WILL ENTER CALIFORNIA (CA):		If vehicle was pre	eviously registered in	CA, then registered or located
Month Pay Yea	ar	out-of-state and h	as now returned to CA	A, enter most recent date vehicle at time of entry, check this box:
DATE VEHICLE FIRST OPERATED IN CALIFORNIA:		Or enter date ve	hicle will be operate	ed, if it has not been operated
Month Day Yea		yet.		
	·	since birt <u>h,</u> enter		rst. If you have been a resident are not a CA resident, check
Month Day Yea	ır	This box:	(): AND V	VAS PURCHASED (CHECK BOX):
Month Day Yea		·		nside CA
SECTION 6 — COST INFORMATION				
NOTE: The total cost or value of the vehicle equipment permanently attached. Cost does not be a cost of the vehicle equipment permanently attached.				nd all accessories and leased
MUST CHECK ONE BOX ONLY, AND ENTER REQUIRED INFORMA		- inance charge.	-	CHASED OR ACQUIRED FROM:
PURCHASE – I purchased the vehicle for the				Private Party \square Dismantler
GIFT – I acquired the vehicle as a gift. Its can A Statement of Facts (REG 256) form must			Immediate Relationshi	Family Member – State p:
☐ TRADE – I acquired the vehicle as a trade.	Its value when I acquired it v	vas \$		
FOR ALL VEHICLES: Since purchasing or acquiring this vehicle, we etc.) made to this vehicle? If yes, a Statement of				
FOR REVIVED JUNK OR REVIVED SALVAGE VEHICLES: The cost of the vehicle must include the labor labor is \$	cost, whether or not the labor	r was provided or c	done by you. The tot	al cost of the vehicle including
SECTION 7 — FOR OUT-OF-STATE OR	OUT-OF-COUNTRY VEH	ICLES		
For vehicles which enter the state within 1 year	r of purchase, was Sales Tax	paid to another st	tate?	N/A Yes No
	(this amount w	vill be credited tow	vard any Use Tax in	CA). If your vehicle was last
For commercial vehicles (including pickups), the last state of registration.	· · · · · · · · · · · · · · · · · · ·			
DISPOSITION OF OUT-OF-STATE PLATES:				
The plates will not be affixed to any vehicle at a Expired, or will be or were:	•	-		
☐ Surrendered to CA DMV ☐ Destroyed ☐ I	Retained L Returned to the	motor vehicle depa	artment of the state	of issuance.
SECTION 8 — MILITARY SERVICE INFO	PRMATION			
Are you or your spouse on active duty as a me If yes, you may qualify for an exemption. Refer				Yes No
When this vehicle was last licensed, were you If yes, in what state or country were you or you			the U.S. Uniformed	Services?
SECTION 9 — CERTIFICATIONS Signa				
The signature for a company or business M countersignature on the signature line (e.g., Al				n authorized representative's
The registered owner mailing address is valid, address pursuant to CVC §1808.21.	existing, and an accurate ma	ailing address. I co	nsent to receive ser	vice of process at this mailing
I certify (or declare) under penalty of perjur		te of California th	nat the foregoing is	true and correct.
PRINTED NAME	OWNER'S SIGNATURE	D/	ATE	DAYTIME TELEPHONE NUMBER
PRINTED NAME	CO-OWNER'S SIGNATURE	D	ATE	DAYTIME TELEPHONE NUMBER
DDINTED NAME	X CO OWNED'S SIGNATURE		ATC	DAYTIME TELEPHONE ALLIMPED
PRINTED NAME	CO-OWNER'S SIGNATURE	D/	ATE	DAYTIME TELEPHONE NUMBER