

Application for Texas Title and/or Registration

Applying for (please check one): <input type="checkbox"/> Title & Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Registration Purposes Only <input type="checkbox"/> Nontitle Registration						TAX OFFICE USE ONLY		
For a corrected title or registration, check reason: <input type="checkbox"/> Vehicle Description <input type="checkbox"/> Add/Remove Lien <input type="checkbox"/> Other: _____						County: _____		
						Doc #: _____		
						<input type="checkbox"/> SPV <input type="checkbox"/> Appraisal Value \$ _____		
1. Vehicle Identification Number		2. Year	3. Make	4. Body Style	5. Model	6. Major Color	7. Minor Color	
8. Texas License Plate No.	9. Odometer Reading (no tenths)	10. This is the Actual Mileage unless the mileage is: <input type="checkbox"/> Not Actual <input type="checkbox"/> Exceeds Mechanical Limits <input type="checkbox"/> Exempt			11. Empty Weight	12. Carrying Capacity (if any)		
13. Applicant Type <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit					14. Applicant Photo ID Number or FEIN/EIN			
15. ID Type <input type="checkbox"/> U.S. Driver License/ID Card (issued by: _____) <input type="checkbox"/> NATO ID <input type="checkbox"/> U.S. Dept. of State ID <input type="checkbox"/> Passport (issued by: _____) <input type="checkbox"/> U.S. Military ID <input type="checkbox"/> U.S. Dept. of Homeland Security ID <input type="checkbox"/> U.S. Citizenship & Immigration Services/DOJ ID <input type="checkbox"/> Other Military Status of Forces Photo ID								
16. Applicant First Name (or Entity Name)		Middle Name	Last Name		Suffix (if any)			
17. Additional Applicant First Name (if applicable)		Middle Name	Last Name		Suffix (if any)			
18. Applicant Mailing Address		City	State	Zip	19. Applicant County of Residence			
20. Previous Owner Name (or Entity Name)		City	State	21. Dealer GDN (if applicable)	22. Unit No. (if applicable)			
23. Renewal Recipient First Name (or Entity Name) (if different)		Middle Name	Last Name		Suffix (if any)			
24. Renewal Notice Mailing Address (if different)		City	State	Zip				
25. Applicant Phone Number (optional)	26. Email (optional)		27. Registration Renewal eReminder <input type="checkbox"/> Yes (Provide Email in #26)		28. Communication Impediment? <input type="checkbox"/> Yes (Attach Form VTR-216)			
29. Vehicle Location Address (if different)		City	State	Zip				
30. Multiple (Additional) Liens <input type="checkbox"/> Yes (Attach Form VTR-267)	31. Electronic Title Request <input type="checkbox"/> Yes (Cannot check #30)	32. Certified/eTitle Lienholder ID Number (if any)			33. First Lien Date (if any)			
34. First Lienholder Name (if any)		Mailing Address	City	State	Zip			
35. Check only if applicable: MOTOR VEHICLE TAX STATEMENT <input type="checkbox"/> I hold Motor Vehicle Retailer (Rental) Permit No. _____ and will satisfy the minimum tax liability (V.A.T.S., Tax Code §152.046[c]) <input type="checkbox"/> I am a dealer or lessor and qualify to take the Fair Market Value Deduction (V.A.T.S., Tax Code, §152.002[c]). GDN or Lessor Number _____								
36. Trade-In (if any) <input type="checkbox"/> Yes (Complete)	Year	Make	Vehicle Identification Number			37. Additional Trade-In(s) <input type="checkbox"/> Yes		
38. Check only if applicable:		SALES AND USE TAX COMPUTATION						
<input type="checkbox"/> (a) Sales Price (\$ _____ rebate has been deducted)		\$ _____		<input type="checkbox"/> \$90 New Resident Tax – (Previous State) _____				
(b) Less Trade-in Amount, described in Box 36 above		\$ (_____)		<input type="checkbox"/> \$5 Even Trade Tax				
(c) For Dealers/Lessors/Rental ONLY – Fair Market Value Deduction, described in Box 36 above		\$ (_____)		<input type="checkbox"/> \$10 Gift Tax – Attach Comptroller Form 14-317				
(d) Taxable Amount (Item a minus Item b or Item c)		\$ _____		<input type="checkbox"/> \$65 Rebuilt Salvage Fee				
(e) 6.25% Tax on Taxable Amount (Multiply Item d by .0625)		\$ _____		<input type="checkbox"/> 2.5% Emissions Fee (Diesel Vehicles 1996 and Older > 14,000 lbs.) _____				
(f) Late Tax Payment Penalty <input type="checkbox"/> 5% or <input type="checkbox"/> 10%		\$ _____		<input type="checkbox"/> 1 % Emissions Fee (Diesel Vehicles 1997 and Newer > 14,000 lbs.) _____				
(g) Tax Paid to _____ (STATE)		\$ _____		<input type="checkbox"/> Exemption claimed under the Motor Vehicle Sales and Use Tax Law because: DEALER PURCHASE FOR RESALE ONLY				
(h) AMOUNT OF TAX AND PENALTY DUE (Item e plus Item f minus Item g)		\$ _____		<input type="checkbox"/> \$28 or \$33 Application Fee for Texas Title (Contact your county tax assessor-collector for the correct fee.)				
CERTIFICATION – State law makes falsifying information a third degree felony I hereby certify all statements in this document are true and correct to the best of my knowledge and belief, and I am eligible for title and/or registration (as applicable). <input type="checkbox"/> (Check only if applicable) I certify I am applying for a corrected title and the original Texas Certificate of Title is lost or destroyed.								
Signature(s) of Seller(s), Donor(s), or Trader(s)			Printed Name(s) (Same as Signature(s))			Date		
Signature of Applicant/Owner			Printed Name (Same as Signature)			Date		
Signature(s) of Additional Applicant(s)/Owner(s)			Printed Name(s) (Same as Signature(s))			Date		