



Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

VSA 17A (07/01/2024)

APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION

PURPOSE: Use this form to apply for a title and/or to register a passenger vehicle, motorcycle, truck, motor home (RV), or trailer.
INSTRUCTIONS: Complete this form and return to any DMV customer service center (CSC). DMV may request proof of any information provided.

OWNER INFORMATION			
APPLICATION TYPE: <input type="checkbox"/> Title		Electronic Title Option -- I want DMV to maintain an electronic certificate of title on file for this vehicle. (No paper title will be issued) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Check one: <input type="checkbox"/> Title and Registration (license plates issued)			
Check one: <input type="checkbox"/> Vehicle is owned by individual(s).	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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Vehicle is business owned.			
OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.			RESIDENCE/BUSINESS JURISDICTION
OWNER'S STREET ADDRESS (Apt # if applicable)		CITY	STATE ZIP CODE
OWNER'S MAILING ADDRESS (if different from above)		CITY	STATE ZIP CODE
CO-OWNER'S STREET ADDRESS (Apt # if applicable)		CITY	STATE ZIP CODE
CO-OWNER'S MAILING ADDRESS (if different from above)		CITY	STATE ZIP CODE
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF _____		Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL		CITY	STATE ZIP CODE

VEHICLE INFORMATION					
YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER (VIN)	NUMBER OF AXLES
EMPTY WEIGHT	GVWR (single vehicle weight - manufacturer)		GROSS WEIGHT (combined truck + attached trailer)	GCWR (combined weight: truck + attached trailer)	
FUEL TYPE	<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER FUEL TYPE	VEHICLE COLOR	PRIMARY	IS THIS A LOW SPEED VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS A LOGGING VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER					
IS VEHICLE STATE OR LOCALITY-OWNED? <input type="checkbox"/> YES - enter agency code <input type="checkbox"/> NO		DIVISION CODE	PREVIOUS TITLE NUMBER		STATE

LIEN INFORMATION		
IS THERE A LIEN ON THIS VEHICLE? <input type="checkbox"/> YES - YOU MUST COMPLETE THIS SECTION <input type="checkbox"/> NO - SKIP TO THE NEXT SECTION		
DATE OF FIRST LIEN (mm/dd/yyyy)	LIENHOLDER NAME	LIENHOLDER CODE
LIENHOLDER MAILING ADDRESS		CITY STATE ZIP CODE
For additional liens, complete VSA 66 and attach to this form.		

SOURCE OF OWNERSHIP INFORMATION				
HOW WAS THIS VEHICLE SOLD TO YOU? (check one) <input type="checkbox"/> USED <input type="checkbox"/> NEW <input type="checkbox"/> DEMONSTRATOR		PURCHASE DATE (mm/dd/yyyy)	RENTOR NUMBER	VA DEALER LICENSE NUMBER
SALES PRICE	PROCESSING FEE	SALES AND USE TAX	VEHICLE PURCHASED FROM	DEALERS ONLY MANUFACTURER REBATE/INCENTIVE
STREET ADDRESS			CITY	STATE ZIP CODE

LEASE INFORMATION (if applicable)			
LESSEE'S FULL LEGAL NAME (last, first, mi, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
LESSEE'S RESIDENCE/BUSINESS ADDRESS		CITY	STATE ZIP CODE

ODOMETER STATEMENT	
ODOMETER READING (no tenths)	Federal and state laws require that you state the mileage in connection with the transfer of ownership. Failure to complete the statement or providing a false statement may result in fines and/or imprisonment.
I certify to the best of my knowledge that: (check one) <input type="checkbox"/> The odometer reading above is the ACTUAL MILEAGE of the vehicle.	
<input type="checkbox"/> The odometer reading above is NOT the ACTUAL MILEAGE. (Odometer discrepancy.)	
<input type="checkbox"/> The odometer reading above is IN EXCESS of its mechanical limits.	
<input type="checkbox"/> Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)	

LOG NUMBER

TITLE NUMBER

PERSONAL PROPERTY TAX RELIEF ELIGIBILITY

1. Answer the questions below to determine if your vehicle qualifies for car tax relief. YES NO
- a. 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? ☐ ☐
- b. Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for federal income tax purposes? ☐ ☐
- c. Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code? ☐ ☐
- d. If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual? ☐ ☐
2. If you answered YES to ANY of the above questions, check Business Use. Your vehicle is considered by State law to have a business use and does NOT qualify for Personal Property Tax Relief. ☐ BUSINESS USE
3. If you answered NO to ALL of the above questions, check Personal Use and answer the question below.
- ☐ PERSONAL USE -- Is this vehicle held in a private trust for non-business purposes by an individual beneficiary? ☐ YES ☐ NO

INSURANCE CERTIFICATION

<input type="checkbox"/> I/We certify that 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. Penalties are severe for violation of this requirement.	NAME OF INSURANCE COMPANY
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REGISTRATION INFORMATION

NOTE: Virginia offers more than 200 unique plates for our customers. Please visit <https://www.dmv.virginia.gov/> for a listing of special plates available. Not all plates are available for all vehicle types and some special plates require a certification form. Review our website for additional information.

REGISTRATION PERIOD (check one): ☐ ONE YEAR ☐ THREE YEARS (\$3 discount - not for emissions area)
☐ TWO YEARS (\$2 discount) ☐ TRANSFER _____
(enter plate number)

REGISTRATION TYPE (check one): ☐ PRIVATE ☐ RENTAL ☐ FOR HIRE (complete For Hire Information below)

☐ Trailer Permanent - (one time fee) select size: ☐ Regular size plate ☐ Small size plate (trailer gross weight must be 4,000 lbs or less)

REGISTRATION RECORD INDICATOR

☐ Special Communication Needs Indicator - For ☐ myself or ☐ a person who regularly occupies this vehicle, I request a DMV record indicator for a disability that can impair communication. The adult occupant, parent, legal guardian of an individual who regularly occupies the vehicle who has a communication impairment authorizes and consents to the release of their communication impairment information to employees and agents of criminal justice agencies as defined in Virginia Code § 9.1-101.

FOR HIRE INFORMATION

Check to indicate how the vehicle being registered will be used (check all that apply). If the vehicle will be used in **property carrier operations**, and those operations exclusively use passenger cars, motorcycles, autocycles, mopeds, or vehicles with a gross vehicle weight rating (GVWR) of 10,000 pounds or less, then registration for hire is not required.

PASSENGER CARRIER OPERATIONS

- ☐ Common Carrier - Regular Route ☐ Employee Hauler ☐ Sight-seeing Carrier
☐ Common Carrier - Irregular Route ☐ Contract Passenger Carrier ☐ Non-Emergency Medical Transport
☐ Nonprofit/Tax-Exempt ☐ Taxicab ☐ Exempt Operations - Passengers *

PROPERTY CARRIER OPERATIONS

- ☐ Property Carrier *
☐ Household Goods Carrier *
☐ Exempt Operations - Property *

* You must also complete the For-Hire Vehicles Registration Request (MCS115)

Do you hold a valid intrastate operating authority certificate/permit? ☐ YES ☐ NO

If no, and you are a passenger carrier you must also complete the For-Hire Vehicles Registration Request (MCS115).

NOTICE

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. By signing this form, you authorize DMV's exchange of title and registration records with business, law enforcement, or government entities and you authorize DMV's exchange of title and registration records in accordance with Va. Code §§46.2-208 through 46.2-214 and 18 U.S.C. 2721.

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.

CERTIFICATION

I/We certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT NAME (print)	SIGNATURE OF APPLICANT	DATE (mm/dd/yyyy)
CO-APPLICANT NAME (print)	SIGNATURE OF CO-APPLICANT	DATE (mm/dd/yyyy)

DMV USE ONLY

PROOF OF ADDRESS (specify proof document(s) presented)				WITH LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		UMV FEE \$
SALES PRICE \$	TITLE FEE \$	IF HELD, REASON:			CSR STAMP	
PROCESSING FEE \$	TRANSFER FEE \$					
SALES & USE TAX \$	REGISTRATION FEE \$	TOTAL \$				