

# Vehicle Certificate of Ownership (Title) Application

**Fees**

Plate or TPO		Color #1		Color #2		Vehicle Identification Number (VIN)				Filing
Model year	Pwr	Use	Make	Series/Body type		Model ID	Value code	Year	Scale weight	
Cycle engine or motor home number			Fleet code	Equip number	MO reg	Reg exp date	Scale weight		Seats	RTA excise tax
Declared GWT		Month GWT	GWT expiration		Mileage	Code	Previous title number		State	License
Special options <input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No title issued <input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> Non-roadworthy <input type="checkbox"/> Native American <input type="checkbox"/> Reg only <input type="checkbox"/> Joint tenants with rights of survivorship				County of residence		Purchase price	Tax jurisdiction	Tax rate	Application	
Washington State primary residence street address or Washington State principal place of business street address is required on the vehicle record. For exceptions to this rule, see form TD-420-004.				<input type="checkbox"/> <b>USE TAX EXEMPT:</b> Private automobile was purchased and used by me in another state for a minimum of 90 days while I was a bonafide resident, before I entered Washington on _____ (Must be used in Washington for personal and family transportation only.) <input type="checkbox"/> <b>GIFT:</b> Donor previously paid Washington State sales/use tax. <input type="checkbox"/> <b>INHERITANCE:</b> Washington sales/use tax paid by testator. <input type="checkbox"/> Transferred to <b>SPOUSE</b> . <input type="checkbox"/> Sale to <b>INDIAN IN INDIAN COUNTRY</b> . Notarized statement is attached.						Inspection
										VIN assignment
										Gross weight
										GWT credit (Attach proof)
<b>For more than two registered or legal owners, please attach additional applications.</b>										Arbitration
<b>New registered owner</b>										Sales/Use tax
Name (Last, First, Middle initial)						(Area code) Telephone number				License service
Name (Last, First, Middle initial)						(Area code) Telephone number				Plate
Washington State primary residence street address (if an individual) or Washington State principal place of business street address (if a business)										LPG
Address continued										Aquatic weed
Mailing address (if different than residence address) or exception address										Trauma
First owner's WA driver license, ID card, or UBI			Expiration date	Second owner's WA driver license, ID card, or UBI			Expiration date	Replacement tab		
<b>New legal owner or lienholder</b> – must be filled out if different than the registered owner										State parks donation
Name (Last, First, Middle initial)								<input type="checkbox"/> \$5 <input type="checkbox"/> \$0		Out of state
Name (Last, First, Middle initial)										Other
Address										Total fees and tax
First owner's WA driver license, ID card, or UBI			Expiration date	Second owner's WA driver license, ID card, or UBI			Expiration date			
<b>Dealer's report of sale</b> I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.		WA dealer number	Dealer name			Date of sale				
		Date of delivery	Vehicle is: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Previously titled			Dealer's authorized signature <b>X</b>		Service fee (Do not include in total)		

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
 Date and place  
**X**  
 Registered owner signature  
 Position, if signing for a business

\_\_\_\_\_  
 Date and place  
**X**  
 Registered owner signature  
 Position, if signing for a business

**Notarization/Certification for registered owner signature**

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_

(Seal or stamp)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed or stamped name

Title \_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_  
 Dealer or county/office number or notary expiration date