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WASHINGTON STATE DEPARTMENT OF LICENSING

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	Equipment #	MO reg	Reg exp date	Scale weight	Seats	RTA excise tax

Declared GWT	Month GWT	GWT expiration	Mileage	Code	Previous title #	State	License

Special options
- ☐ DAV
- ☐ Leased
- ☐ No title issued
- ☐ NRM
- ☐ Bonded
- ☐ Non-roadworthy
- ☐ Native American
- ☐ Reg only
- ☐ _____
- ☐ 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.

- ☐ **USE TAX EXEMPT**: 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 WA for personal and family transportation only.)*
- ☐ **GIFT**: Donor previously paid Washington State sales/use tax.
- ☐ **INHERITANCE**: Washington sales/use tax paid by testator.
- ☐ Transferred to **SPOUSE**.
- ☐ Sale to **INDIAN IN INDIAN COUNTRY.** Notarized statement is attached.

Inspection | VIN assignment | Gross weight | GWT credit (Attach proof)

For more than two registered or legal owners, please attach additional applications.

New registered owner

Name *(Last, First, Middle initial)*

Name *(Last, First, Middle initial)*

Washington State primary residence street address *(if an individual)* or Washington State principal place of business street address *(if a business)*

Address *(continued)*

Mailing address *(if different than residence address)* or exception address

First owner's Washington driver license, ID card, or UBI number | Second owner's Washington driver license, ID card, or UBI number

Arbitration | Sales/Use tax | License service | Plate | LPG | Aquatic weed | Trauma

New legal owner or lienholder – must be filled out if different than the registered owner

Name *(Last, First, Middle initial)*

Name *(Last, First, Middle initial)*

Address

Address *(continued)*

First owner's Washington driver license, ID card, or UBI number | Second owner's Washington driver license, ID card, or UBI number

Replacement tab | State parks donation ☐ $5 ☐ $0 | Out of state | Other | Total fees and tax

Dealer's report of sale
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	Subagent fee (Do not include in total)
Date of delivery	Vehicle is: ☐ New ☐ Used ☐ Previously titled	Dealer's authorized signature X	

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(s) signature

(Seal or stamp)

State of Washington, County of _____ Signed or attested before me on _____

by _____ Signature _____

by _____ _____
Printed or stamped name

_____ and _____
Title Dealer or county/office number or notary expiration date

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.