

Motorcycle Highway Use Declaration

Use this form to certify and register a two-wheel, off-road only motorcycle for highway/public roadway use. This applies to motorcycles that were originally labeled by the manufacturer as off-road use only and defined as having handlebars and a seat that is straddled by the rider. Any off-road motorcycle having more than two wheels is not eligible for this certification. The operator of the motorcycle must have a valid Washington drivers license and motorcycle endorsement. To register your off-road motorcycle for highway/public roadway use, you must:

- have your motorcycle inspected by a licensed Washington motorcycle dealer or repair shop.
- have the dealer or repair shop fill out Part I and attach a receipt from the inspection.
- fill out Part II and have it certified by the Department of Licensing or one of its authorized agents.
- submit ownership documents with this form to a vehicle licensing office.

Part I: WA State licensed motorcycle dealer or repair shop

Complete and sign this section. All items must pass inspection for this motorcycle to be registered. You are entitled to an inspection fee up to \$100 and it must be paid directly to you. Attach a copy of the receipt showing amount charged.

PRINT or TYPE Business name				Unified Business Identification (UBI) number				
Address								
City				State		ZIP		
(Area code) Telephone number			E-mail address (optional)					
Motorcycle make			Model			Year		
Vehicle Identification Number (VIN)								
Inspection items	Pass	Fail		Pass	Fail		Pass	Fail
Headlight	<input type="checkbox"/>	<input type="checkbox"/>	Turn signals	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors (L/R)	<input type="checkbox"/>	<input type="checkbox"/>
Tail light	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Brake light	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	Tires	<input type="checkbox"/>	<input type="checkbox"/>
						Fenders	<input type="checkbox"/>	<input type="checkbox"/>
						Windshield (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Certification								
Did you verify the Vehicle Identification Number (VIN)?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the motorcycle properly equipped with all items required by RCW 46.61.705(2)(a) through (k)?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the equipment you inspected comply with state and federal requirements?							<input type="checkbox"/> Yes	<input type="checkbox"/> No

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. If signing for a business, I have full authority to do so.

_____ **X** _____
 Date and place Authorized signature

Part II: Registered owner

This section must be filled out completely and signed.

PRINT or TYPE Name		WA driver license number	
Street address			
City		State	ZIP
(Area code) Telephone number	E-mail address (optional)		
Certification Do you understand this motorcycle was not manufactured for on-road use? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you understand this motorcycle has been modified for use on public roads? <input type="checkbox"/> Yes <input type="checkbox"/> No To the extent permitted by law, do you expressly agree to indemnify, defend, and hold harmless the State of Washington and the Department of Licensing from all claims, damages, losses, expenses, and costs arising out of the registration and operation of this motorcycle? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ **X** _____
 Date and place Signature

If you remove any of this equipment from your motorcycle, it will no longer be eligible for highway and public road use and must be registered for off-road use only.

County auditor/agent/subagent licensing office certification	
PRINT or TYPE Name	County/office number
<i>I certify that this application appears to be completed correctly and the applicant has sufficient documentation to proceed with filing this form.</i>	
_____ X _____	_____
Signature	Date