

DO NOT WRITE IN SHADED AREAS		Old #1	IN LIEU PLATE	TEMP PLATE DATE	490 <input type="checkbox"/> C or 490 <input type="checkbox"/> P	REG TYPE	INDEX #	EXPIRES		
DMV Copy TA-VD-119 11/2015		New #1	New #2	Title Code	<input type="checkbox"/> 225 <input type="checkbox"/> 227 <input type="checkbox"/> 231 <input type="checkbox"/> 453 <input type="checkbox"/> 454 <input type="checkbox"/> 455	<input type="checkbox"/> 232 <input type="checkbox"/> 233 <input type="checkbox"/> 237 <input type="checkbox"/> 465 <input type="checkbox"/> LP <input type="checkbox"/> 452	<input type="checkbox"/> 232 <input type="checkbox"/> 233 <input type="checkbox"/> 237 <input type="checkbox"/> 465 <input type="checkbox"/> LP <input type="checkbox"/> 452	/		
1A TRANSACTION TYPE		1B PLATE TYPE			2		3			
PLATE # _____ <input checked="" type="checkbox"/> NEW (421) <input type="checkbox"/> TRANSFER (431) <input type="checkbox"/> RENEW (475) REPLACEMENT PLATE <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> SEIZED <input type="checkbox"/> IRP TAX & TITLE <input type="checkbox"/> WEIGHT CHANGE		<input type="checkbox"/> Agriculture (01) <i>Farm Use</i> <input type="checkbox"/> ATV (02) <input type="checkbox"/> Amateur Radio Opr (42) <input type="checkbox"/> Car/Motor Home (19) <input type="checkbox"/> American Legion (38) <input type="checkbox"/> Motorcycle (18) <input type="checkbox"/> Antique (03) (An) <input type="checkbox"/> School Bus (19) <input type="checkbox"/> Autocycle (12) <input type="checkbox"/> Trailer (26, 25, 06) <input type="checkbox"/> Building Bright Futures (55) <input type="checkbox"/> Truck (27) <input type="checkbox"/> Conservation Plate (48, 57) <input type="checkbox"/> Vanity <input type="checkbox"/> Disabled			<input type="checkbox"/> EMS (46) <input type="checkbox"/> Motor Driven Cycle (17) <input type="checkbox"/> Exhibition (09) (Ex) <input type="checkbox"/> Municipal (15) <input type="checkbox"/> Farm Tractor (45) <input type="checkbox"/> National Guard (41) <input type="checkbox"/> Firefighter (40) <input type="checkbox"/> Off-Hwy Tractor (24) <input type="checkbox"/> Freemasons (54) <input type="checkbox"/> POW (23) <input type="checkbox"/> Jitney/Rental (37) <input type="checkbox"/> Purple Heart (47) <input type="checkbox"/> Lions Club (51) <input type="checkbox"/> Rotary (53) <input type="checkbox"/> Motor Bus (04, 05) <input type="checkbox"/> Sheriff (43)		<input type="checkbox"/> Special Purp Tk Cat I (11) <input type="checkbox"/> Special Purp Tk Cat II (20) <input type="checkbox"/> State (22) <input type="checkbox"/> Street Rod (56) <input type="checkbox"/> US Vet (49) <input type="checkbox"/> VFW (52) <input type="checkbox"/> Vietnam Vet (50) <input type="checkbox"/> Volunteer (28)			
2 MAKE		MODEL	MODEL YEAR	BODY TYPE	MILEAGE (NO TENTHS)	<input checked="" type="checkbox"/> MILES <input type="checkbox"/> KM <input type="checkbox"/> HOURS		COLOR		
SERIAL NUMBER (VIN)				NO OF CYL	VEHICLE IS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED <input type="checkbox"/> REBUILT		<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> HYBRID <input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE <input type="checkbox"/> OTHER			
3A TRUCKS (including Pick-Up & Farm)			3B TRAILERS			3C MOTORCYCLE ATV/MDC		3D BUS/JITNEY/RENTAL		
Empty Weight		Loaded Weight		Empty Weight		LOADED WEIGHT <input type="checkbox"/> 1500 or less (26) <input type="checkbox"/> 1501 or more (25)		# Wheels CC's <input type="checkbox"/> Autocycle		
# OF AXLES		BRAKE TYPE <input type="checkbox"/> HYD <input type="checkbox"/> AIR <input type="checkbox"/> OTHER		Length/Width Feet & Inches		<input type="checkbox"/> CO-OWNER VT Driver License # Federal ID # <input type="checkbox"/> LESSOR		Empty Weight # Of Passengers Loaded Weight GENDER <input type="checkbox"/> M <input type="checkbox"/> F		
4A			4B			4C		4D		
<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> LESSEE			VT Driver License # Federal ID # GENDER <input type="checkbox"/> M <input type="checkbox"/> F			VT Driver License # Federal ID # GENDER <input type="checkbox"/> M <input type="checkbox"/> F		VT Driver License # Federal ID # GENDER <input type="checkbox"/> M <input type="checkbox"/> F		
Name			Name			Name		Name		
Mailing Address (PO Box or Street)			Mailing Address (PO Box or Street)			Mailing Address (PO Box or Street)		Mailing Address (PO Box or Street)		
City:		State:		ZIP:		City:		State: ZIP:		
Physical Address (Street)			Physical Address (Street)			Physical Address (Street)		Physical Address (Street)		
City:		State:		ZIP:		City:		State: ZIP:		
Date of birth		If name has changed, list previous name			Date of birth		If name has changed, list previous name			
Phone Number & Email Address:										
MUST INDICATE RIGHTS OF SURVIVORSHIP (CHECK ONE BELOW) IF NO BOX IS CHECKED "JOINT TENANTS" WILL BE SELECTED										
4B <input type="checkbox"/> Spouses <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants In Common <input type="checkbox"/> Partners (business) <input type="checkbox"/> TOD (Transfer on Death)										
5A			5B			5C		5D		
Date of loan			VT license # (if individual)			Date of birth (if individual)		Name of person/company vehicle acquired from		Date purchased
Lienholder Name			Lienholder Address			Address of person/company vehicle acquired from		Address of person/company vehicle acquired from		
City			State		Zip		Signature of person/company (agent) vehicle acquired from		Dealer number	
6A Purchase Price			6B Complete Section 6B to Claim Tax Credit or to Transfer Plates				9 DO NOT WRITE IN SHADED AREA			
PURCHASE PRICE		\$		PURCHASER OF OLD VEHICLE				Registration (1)		
TAX CREDIT		\$		CITY		STATE		ON (DATE)		Tax (2)
NET TAXABLE COST		\$		YEAR	MAKE	PLATE	TAX EXEMPT #		Title (3)	
TAX (6%)		\$		VIN				Transfer (4)		
7 VERIFICATION OF VEHICLE IDENTIFICATION NUMBER - APPLICANT SHOULD NOT WRITE IN THIS SECTION										
VIN					STATE OF REG			Warranty Fee (12) \$5.00 NEW Vehicles Only		
DATE		TOWN OR CITY			STATE			Fuel User (31)		
AUTHORIZED SIGNATURE					ORGANIZATION			Total Fees		
NCIC <input type="checkbox"/> Y <input type="checkbox"/> N		VINASSIST <input type="checkbox"/> Y <input type="checkbox"/> N		PHONE NUMBER		MILEAGE (NO TENTHS)		<input type="checkbox"/> MILES <input type="checkbox"/> KM <input type="checkbox"/> HOURS		Return # Rater # RF
8 The owner certifies that this vehicle 1) is properly equipped and in good mechanical condition; 2) was placed into use on or before the date this application was signed; 3) currently has liability insurance in effect as required by 23 V.S.A. §800 (a). If transfer of plates, the owner and/or this vehicle are not under suspension pursuant to 23 V.S.A. §3009 (b) [diesel tax related]. Statements and warrants herein are certified under penalty of 23 V.S.A. §202, §203, §2082, and 32 V.S.A. §§ 8901-8915.					As the applicant for registration of a commercial motor vehicle, which is a motor vehicle with a gross vehicle weight rating of 10,001 lbs. or more; is a vehicle that is used to transport hazardous materials; or is a vehicle that is designed to transport 16 or more passengers, including the driver, I hereby declare that I have knowledge of the Federal Motor Carrier Safety Regulations, Title 49 of the Code of Federal Regulations, as adopted by the State of Vermont.					
SIGNATURE (OWNER/LESSEE)					DATE		SIGNATURE (CO-OWNER/LESSOR)			