

Salvage (is a motor vehicle and GVWR less than 30,000 pounds)

**APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION FOR A VEHICLE** (Use Form 411179 for leased vehicles)

Present to County Treasurer of your residence or if a non-resident to the County Treasurer where the primary user of the vehicle is located (See Reverse Side)

**Name of Owner (Buyer - Full Legal Name)**

First Name	Middle Name	Last Name	<b>M.V.C. Number (Drivers Lic. #)</b> (See Reverse Side)
#1 _____			
Social Security # _____	Birth Date _____		Ownership _____
#2 _____			
Social Security # _____	Birth Date _____		DL# _____
#3 _____			
Social Security # _____	Birth Date _____		DL# _____
Bonafide Residence Address of Owner #1 _____			

City	County	State	Zip Code
Mailing Address of Owner #1 (if different than residence address) _____			
City	State	Zip Code	

I present the following evidence of ownership: (Check one)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Manufacturer's Statement of Origin | <input type="checkbox"/> Operation of Law Affidavit | <input type="checkbox"/> Reconstructed |
| <input type="checkbox"/> Foreign Title Certificate          | <input type="checkbox"/> Specially Constructed      | <input type="checkbox"/> Kit           |

<b>MUST BE COMPLETED</b>	Plate Number _____ Yr. _____ If none, so state.
	Validation Number _____ Yr. _____ If none, so state.
	Birth or Registration Month (See reverse side) _____ Fuel (gas, diesel, etc.) _____

Type (car, truck, etc.) \_\_\_\_\_ Make \_\_\_\_\_ Yr. \_\_\_\_\_ Model \_\_\_\_\_  
 Style \_\_\_\_\_ Cyl. \_\_\_\_\_ Color \_\_\_\_\_ VIN \_\_\_\_\_ Tonnage \_\_\_\_\_  
 Date of Purchase \_\_\_\_\_ Purchase price if not purchased from a dealer \_\_\_\_\_  
 If foreign registered vehicle, date brought in State of Iowa \_\_\_\_\_ GVWR \_\_\_\_\_  
 Give complete statement of security interests(liens). If none, so state: \_\_\_\_\_

Nature	Held By	Address (Street, City, State, Zip Code)
First Security Interest		
Second Security Interest		
Third Security Interest		

I/We certify under penalty of perjury that the foregoing is true and correct.

_____	Signature of Applicant 1
_____	Signature of Applicant 2
_____	Signature of Applicant 3
By _____	Title _____
If Firm, Association, Corporation, or Attorney in Fact	

Total lease price for a motor vehicle with a GVWR of less than 16,000 pounds, excluding motorcycles & motorized bicycles.

**CAUTION: DO NOT SIGN UNLESS FULLY COMPLETED AND DATED**

Date Signed \_\_\_\_\_

**THE FOLLOWING FOR DEALER USE ONLY:** The vehicle dealer named above as "seller" does hereby certify that the new vehicle described above was sold to the applicant for the following consideration which includes freight, manufacturer's tax, accessories, and other added equipment or services and represents the total delivered price to the purchaser, valued in money whether received in money or otherwise.

Sale Price _____	\$ _____	Date "Registration Applied For" Card Issued _____
Less Trade-in _____	\$ _____	If none, so state: _____
Less Non-taxable Charges (specify) _____	\$ _____	Reg. Fee Collected _____
Less Rebate applied to purchase price of the vehicle ..	\$ _____	
Equals Tax Price _____	\$ _____	

I/We certify under penalty of perjury that the foregoing is true and correct.

_____	_____	_____
Date	Dealer No.	Dealership Name
By _____		Authorized Representative & Title

IMPORTANT: Be certain that dates and other information given are correct. Any person who uses a false or fictitious name, makes a false statement or otherwise commits a fraud upon this application is punishable by prison sentence and possible fine.

Yes, I would like to make voluntary contribution to the anatomical gift public awareness and transplantation fund in the amount of \$ \_\_\_\_\_

# MOTOR VEHICLE CONTROL (M.V.C.) NUMBER DISCLOSURE STATEMENT

By the authority of Iowa Code section 321.20 and policies of the Iowa Department of Transportation, it is mandatory that any person applying for a vehicle registration or title certificate disclose the drivers license number and social security number issued to such person. If the person does not have a social security number but has a passport, the passport number shall be listed. The Iowa drivers license number and social security number will be placed on the vehicle records, but no longer printed on the Certificate of Title or Registration Renewal.

**INDIVIDUAL PERSON(S):** Write your drivers license number in the space on the reverse side of this form pertaining to M.V.C. number and social security number / or passport number in the space for social security number.

**FIRM, CO-PARTNERSHIP, CORPORATION, ETC.:** Write your federal employer's identification number in the space on the reverse side of this form pertaining to M.V.C. number.

## BIRTH OR REGISTRATION MONTH

The birth month may be the month of birth of any owner if this vehicle is owned by more than one person. If the ownership of the vehicle is a company, co-partnership, etc., rather than an individual, the county treasurer's office shall determine the month of registration.

THE FOLLOWING TO BE COMPLETED IF THE VEHICLE DESCRIBED UPON THE REVERSE SIDE IS A SPECIALLY CONSTRUCTED OR RECONSTRUCTED MOTOR VEHICLE.

I have determined that the vehicle described upon the reverse side is in a safe operating condition and that the integral component parts are properly identified and that the rightful ownership has been established.

Weight of vehicle		
Value of vehicle	\$	
Annual fee	\$	

Date	Investigator
	Iowa Department of Transportation

## REGISTRATION FEE AND/OR FEE CREDIT CALCULATIONS

- |   |     |  |
|---|-----|--|
| 1. Full year registration fee of vehicle purchased .....            | \$  |  |
| 2. Remaining unexpired months x (times) Prorate percentage .....    |     |  |
| 3. = New fee (Prorated) .....                                       | \$  |  |
| 4. Full year registration fee of vehicle (Sold-Traded-Junked) ..... | \$  |  |
| 5. Remaining unexpired months x (times) unused percentage .....     |     |  |
| 6. = Credit (Unused fee) .....                                      | \$  |  |
|   |     | <i>If "none" so state. If less than \$10.00 no credit allowed.</i> |
| 7. Fee due -(Subtract Line 6 from Line 3) .....                     | \$  |  |
| 8. Penalty (5% a month of Line 3) .....                             | +\$ |  |
|   |     | <i>Minimum \$5.00 .</i>  |
| 9. <b>Total Fee Due</b> .....                                       | \$  |  |
| 10. Excess Credit - (Subtract Line 3 from Line 6) .....             | \$  |  |

### NON-RESIDENT OWNED VEHICLE - List primary user(s) of vehicle if primary user is not the owner.

Name of Primary User #1 _____	Driver License # _____
Social Security Number _____	Date of Birth _____
Address _____	
City, State, Zip Code _____	

Name of Primary User #2 _____
Driver License # _____
Social Security Number _____
Date of Birth _____