



Form 411007 (06-06)

# APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION

Applying For:  Regular Title  Salvage Title

Registration Month \_\_\_\_\_

D# or R# \_\_\_\_\_

(Dealer or Recycler Number)

## OWNER INFORMATION

Present to: The County Treasurer of your residence; The County Treasurer of the primary user if nonresident owned; The County Treasurer of residence or of the primary user if owned by a firm, association, or corporation.

**Owner #1:** First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Iowa DL # or Iowa ID # or Social Security #: \_\_\_\_\_  
 (If individual)  
 Ownership Status:  OR  AND Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
 (Check One) (If individual) (If organization)

Bona fide Residence Address of Owner #1: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address of Owner #1: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Owner #2:** First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Iowa DL # or Iowa ID # or Social Security #: \_\_\_\_\_  
 (If individual)  
 Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
 (If individual) (If organization)

Bona fide Residence Address of Owner #2: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address of Owner #2: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Owner #3:** First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Iowa DL # or Iowa ID # or Social Security #: \_\_\_\_\_  
 (If individual)  
 Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
 (If individual) (If organization)

Bona fide Residence Address of Owner #3: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address of Owner #3: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## PRIMARY USER INFORMATION (Complete only if the vehicle is owned by a non-resident or by a firm, association, or corporation)

**Primary User #1:** First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Iowa DL # or Iowa ID #: \_\_\_\_\_  
 (If individual)  
 Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
 (If individual) (If organization)

Bona fide Residence Address of Primary User #1: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address of Primary User #1: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Primary User #2:** First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Iowa DL # or Iowa ID #: \_\_\_\_\_  
 (If individual)  
 Birth Date: \_\_\_\_\_ Federal Employer Identification #: \_\_\_\_\_  
 (If individual) (If organization)

Bona fide Residence Address of Primary User #2: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address of Primary User #2: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## VEHICLE INFORMATION

VIN \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Type(car, truck,etc) \_\_\_\_\_ Style \_\_\_\_\_ Color \_\_\_\_\_

Fuel \_\_\_\_\_ Cylinders \_\_\_\_\_ Tonnage \_\_\_\_\_ GVWR \_\_\_\_\_ Sq.Footage \_\_\_\_\_ Iowa Plate Number (If applicable) \_\_\_\_\_ Validation Number \_\_\_\_\_ Validation Year \_\_\_\_\_

Purchase Date or Date Brought Into State \_\_\_\_\_ VIN of traded vehicle (if applicable) \_\_\_\_\_ Trailer Empty Weight (If applicable)  Over 2000lbs  2000lbs or less

## SECURITY INTEREST INFORMATION

Give complete statement of security interests (liens). If none, so state:

Nature	Held By	Address (Street, City, State, Zip Code)
First Security Interest		Federal Employer Identification # or Social Security #:
Second Security Interest		Federal Employer Identification # or Social Security #:
Third Security Interest		Federal Employer Identification # or Social Security #:

## PURCHASE PRICE

Taxable Purchase Price (Purchase price less any trade) \$ \_\_\_\_\_

(Check only if applicable)

I claim exemption from payment of Iowa Use Tax. List Exemption Code \_\_\_\_\_ (See Page 2)

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

X \_\_\_\_\_  
Signature of Owner #1 Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of Owner #2 Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of Owner #3 Date \_\_\_\_\_

By \_\_\_\_\_  
If Firm, Association, Corporation, or Attorney in Fact

\*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. This application also constitutes an application for refund of excess credit, when applicable.

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

**THE FOLLOWING FOR DEALER USE ONLY:** The vehicle dealer named below 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) .....\$ \_\_\_\_\_ Registration 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

**IOWA USE TAX EXEMPTIONS**

Owner Name \_\_\_\_\_ VIN \_\_\_\_\_

If claiming an exemption from payment of Iowa Use Tax, check the appropriate box below and complete any required additional information. Any applicable exemption code must be listed on page 1 of the title application form.

<input type="checkbox"/> UT01 – Transfer by gift, please explain:	
UT02 – Purchaser is one of the following non-profit or government organizations: <input type="checkbox"/> a. Rehabilitation Facility. <span style="float:right;"><input type="checkbox"/> b. Rehabilitation Facility for Mentally Retarded Children.</span> <input type="checkbox"/> c. Care Facility (residential/intermediate for the Mentally Retarded). <span style="float:right;"><input type="checkbox"/> d. Care Facility (residential) for the Mentally ill.</span> <input type="checkbox"/> e. Educational Institution (Private, non-profit). <span style="float:right;"><input type="checkbox"/> f. Free-standing Hospice Facility.</span> <input type="checkbox"/> g. Government. <span style="float:right;"><input type="checkbox"/> h. Hospital licensed under Iowa Code Chapter 135B.</span> <input type="checkbox"/> i. Community Healthy Center. <span style="float:right;"><input type="checkbox"/> j. Migrant Health Center.</span> <input type="checkbox"/> k. Community Mental Health Center. <span style="float:right;"><input type="checkbox"/> l. Legal Aid Organization.</span> <input type="checkbox"/> m. Non-profit Private Museum. <span style="float:right;"><input type="checkbox"/> n. Non-profit Art Center.</span> <input type="checkbox"/> o. Non-profit Organ Procurement Organization.	
UT03 <input type="checkbox"/> a. Vehicle transferred from a sole proprietorship or partnership to a corporation or LLC (or vice versa) with the ownership remaining exactly the same and for the purpose of continuing the same business. <input type="checkbox"/> b. Corporate Merger – vehicle transferred pursuant to statute to the surviving corporation for no consideration, the merging corporation being dissolved the moment the merger occurs and receiving no benefit from the merger.	
Termination date of prior business: _____	Date of creation of new entity: _____
<input type="checkbox"/> UT04 - Purchased by a licensed dealership for resale. Dealer License #:	
<input type="checkbox"/> UT05 - Purchased for rental. Purchaser's sales tax permit #:	
<input type="checkbox"/> UT06 - Leased vehicle used solely in interstate commerce.	
<input type="checkbox"/> UT07 – Vehicle registered and/or operated under Iowa Code Section 326 (reciprocity) with gross weight of 13 tons or more and with 25% of the mileage outside of Iowa. Both weight and mileage must be met to be eligible for exemption.	
UT08 - Other: <input type="checkbox"/> a. Manufactured housing or mobile Home. <span style="float:right;"><input type="checkbox"/> b. Inheritance or court order (e.g.: divorce).</span> <input type="checkbox"/> c. Vehicle Purchased outside Iowa with no intent to use in Iowa. (A "move-in") <span style="float:right;"><input type="checkbox"/> d. Homemade vehicle.</span> <input type="checkbox"/> e. Sales, Use, or Occupational tax paid to another state at time of purchase. <span style="float:right;"><input type="checkbox"/> f. Name dropped.</span> <input type="checkbox"/> g. Name added. <span style="float:right;"><input type="checkbox"/> h. Even trade or down trade.</span> <input type="checkbox"/> i. Delivered to a resident Native American Indian on the reservation. <span style="float:right;"><input type="checkbox"/> j. In-Transit title, tax to be paid in title-holder's state of residence.</span> <input type="checkbox"/> k. Transfer to or from a living or irrevocable trust. <span style="float:right;"><input type="checkbox"/> l. Other, please explain _____</span> <input type="checkbox"/> s. Salvage vehicle.	

**THE FOLLOWING TO BE COMPLETED IF THE VEHICLE DESCRIBED ON PAGE ONE IS A SPECIALLY CONSTRUCTED OR RECONSTRUCTED MOTOR VEHICLE.**

I have inspected the vehicle described upon the reverse side and have determined 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**

		Current Year	*Next Year
1.	Full year registration fee of vehicle purchased	\$ _____	\$ _____
2.	Remaining unexpired months – prorated percentage	_____ %	100%
3.	= New fee (Prorated)	\$ _____ (minimum \$5)	\$ _____
4.	Full year registration fee of vehicle sold, traded, or junked	\$ _____	\$ _____
5.	Remaining unexpired months – prorated percentage	_____ %	100%
6.	= Credit (Unused fee)	\$ _____ None if less than \$10	\$ _____
7.	Fee due (Line 3 minus Line 6)	\$ _____	\$ _____
8.	Fee due if 14-month registration (add amounts on Line 7)		\$ _____

\* Use this column if two months remain and buyer opts to register for an additional year or if buyer paid annual fee on trade-in the month before renewal and traded the same month (17% for current year and 100% for next year)