VIRGINIA

DEALER

Dealership

Address

City, State, ZIP

CUSTOMER

Name

Address

City, State, ZIP

VEHICLE

Year, Make, Model

VIN

Milage

Gross Vehicle Weight

DEAL

Deal Number

Transfer Plate Number

Expiration Date

INSURANCE

Policy Number

Company (ie: Farmers, Geico, State Farm

LIENHOLDER

Name

Address

City, State, ZIP

ELT Code

CHECKLIST

TITLE (can be signed by POA)

* If there is a spot for notarization, it must be notarized

☐ The original Title and any supporting reassignments

TITLE APPLICATION

☐ Completed Title Only Application FORM VSA 14

PROOF OF IDENTIFICATION (Business)

SELECT ONE

☐ Copy of Official Document listing Federal ID Number

☐ Tax Certificate

☐ Articles of Incorporation

PROOF OF IDENTIFICATION (Individual)

☐ Copy of Valid Virginia Drivers License

☐ Out of State Drivers License

Must provide FRONT & BACK copy of Drivers License
a copy of Passport is acceptable

BILL OF SALE / RETAIL PURCHASE AGREEMENT

☐ Completed Bill of Sale Form / Retail Purchase Agreement

ODOMETER DISCLOSURE FORM

☐ Completed Odometer Disclosure Statement FORM VSA 5

PROOF OF INSURANCE

(Insurance Card that includes the following)

☐ Policy Number

☐ Name of Registrant

☐ Effective and Expiration Date

☐ Must have Sale Vehicle

TRANSFER REGISTRATION

☐ Provide a copy of current registration

LIEN ASSIGNMENT

UCC AND/OR Full Finance Contract

☐ Completed Lien Assignment FORM

POWER OF ATTORNEY

☐ Completed Power of Attorney FORM VSA 70

CLEAR FORM

FAST TRACK

Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

VEHICLE REGISTRATION APPLICATION

Purpose: Use this form to apply for registration of your vehicle.
Note: You must obtain a Virginia vehicle safety inspection sticker and pay any required local vehicle registration fees to your city or county. For the City of Virginia Beach only, DMV collects local vehicle registration fees.

Instructions: Refer to the Registration Information Sheet (VSA 14 I) for general information. All owners must sign the Certification section. Mail completed form with a check or money order (made payable to DMV) to the Special Registration Work Center at the above address, or present to any DMV Customer Service Center (CSC) or DMV Select.

Note: A $10.00 late fee will be charged if registration is renewed after the expiration date.

REGISTRATION INFORMATION

Registration Type: (check one)

☐ Original ☐ Reissue (Plates & Decals) ☐ Renewal ☐ Transfer License Plate Number: _____ ENTER PLATE NUM

Check if applicable:

☐ For Hire (complete "For Hire Information" section) ☐ Rental Vehicle ☐ Private ☐ Other: _____ SPECIFY

See Reissue Plates below under Plate Information.

Registration Period: (check one) ☐ One Year ☐ Two Years ($2 discount applies) ☐ Three Years ($3 discount applies) **(not available for vehicles subject to emissions testing)**

OWNER INFORMATION

OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)	TELEPHONE NUMBER ( )	DMV CUSTOMER NUMBER / FEIN / SSN
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)	TELEPHONE NUMBER ( )	DMV CUSTOMER NUMBER / FEIN / SSN
NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.		RESIDENCE/BUSINESS JURISDICTION

OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
OWNER EMAIL ADDRESS	CO-OWNER EMAIL ADDRESS		
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED ☐ CITY ☐ COUNTY ☐ TOWN OF _____	IF NEW LOCATION ENTER DATE CHANGED	Are any of the owners/lessees on active military duty or service? ☐ YES ☐ NO	
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL	CITY	STATE	ZIP CODE

LEASE INFORMATION (if applicable)

LESSEE'S FULL LEGAL NAME (last, first, mi, suffix)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
LESSEE'S RESIDENCE/BUSINESS ADDRESS	CITY	STATE / ZIP CODE

VEHICLE INFORMATION

YEAR	MAKE	MODEL	BODY TYPE
VEHICLE IDENTIFICATION NUMBER (VIN)	TITLE NUMBER	CURRENT PLATE NUMBER	NUMBER OF AXLES
EMPTY WEIGHT	GVWR WEIGHT SINGLE VEHICLE (manufacturer)	GROSS WEIGHT (truck & attached trailer)	GCWR COMBINED WEIGHT (truck & attached trailer)

FUEL TYPE ☐ GAS ☐ DIESEL ☐ ELECTRIC ☐ OTHER — OTHER FUEL TYPE — VEHICLE COLOR — PRIMARY — IS THIS A LOW SPEED VEHICLE? ☐ YES ☐ NO — IS THIS A LOGGING VEHICLE? ☐ YES ☐ NO

IS VEHICLE STATE OR LOCALITY-OWNED? ☐ YES - enter agency code ☐ NO — AGENCY CODE — DIVISION CODE — STATE

PERSONAL PROPERTY TAX RELIEF ELIGIBILITY

1. Answer the questions below to determine if your vehicle qualifies for car tax relief.

	YES	NO
a. Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer?	☐	☐
b. Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for federal income tax purposes?	☐	☐
c. Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code?	☐	☐
d. If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?	☐	☐

2. If you answered YES to ANY of the above questions, check Business Use. Your vehicle is considered by State law to have a business use and does NOT qualify for Personal Property Tax Relief. ☐ BUSINESS USE
3. If you answered NO to ALL of the above questions, check Personal Use and answer the question below.
☐ PERSONAL USE -- Is this vehicle held in a private trust for non-business purposes by an individual beneficiary? ☐ YES ☐ NO

FOR HIRE INFORMATION

Check to indicate how the vehicle being registered will be used. (check all that apply)

PASSENGER CARRIER OPERATIONS

- ☐ Common Carrier - Regular Route
- ☐ Common Carrier - Irregular Route
- ☐ Nonprofit/Tax-Exempt
- ☐ Employee Hauler
- ☐ Contract Passenger Carrier
- ☐ Taxicab
- ☐ Sight-seeing Carrier
- ☐ Non-Emergency Medical Transport
- ☐ Exempt Operations - Passengers *

PROPERTY CARRIER OPERATIONS

- ☐ Property Carrier *
- ☐ Household Goods Carrier *
- ☐ Exempt Operations - Property *

* You must also complete the For-Hire Vehicles Registration Request (MCS115)

Do you hold a valid intrastate operating authority certificate/permit? ☐YES ☐NO
If no, and you are a passenger carrier you must also complete the For-Hire Vehicles Registration Request (MCS115).

PLATE INFORMATION

Note: Virginia offers more than 200 unique plates for our citizens. Please visit **https://www.dmv.virginia.gov** for a listing of special plates available. Not all plates are available for all vehicle types and some special plates require a certification form. Review our website for additional information.

New Plates: (check one) ☐ Standard - (Virginia is for Lovers) ☐ Mountain to Seashore

☐ Heritage (Dogwood-Cardinal) ☐ Great Seal ☐ Special Plate (enter type) _____

☐ Permanent Plate - may be issued to trailers, travel trailers, or semi-trailers; trucks/tractor trucks with a GVWR or GCWR of more than 26,000 lbs.; trucks/tractor trucks with GVWR or GCWR of 7,501 to 26,000 lbs. if used for business only; farm vehicles registered pursuant to § 46.2-698; taxicabs or other motor vehicles performing a taxicab service; common carrier vehicles

☐ Farm Plate - You must ALSO complete the Farm Vehicle Plate Certification (VSA 131).

Trailer Permanent Plates: one-time fee (check one): ☐ Regular size plate ☐ Small size plate (trailer gross weight must be 4,000 lbs or less)

☐ For Hire Plate (enter description): _____ (*examples*: Taxi, Passenger For Hire, Tow Truck, etc.)

Reissue Plates/Decals: (check one) ☐ Plates ☐ Plates and Decals (enter month/year) _____ ☐ Decals (enter month/year) _____

☐ Lost ☐ Mutilated/Destroyed ☐ Illegible ☐ Confiscated ☐ I want a new plate design/character combination

☐ **PERSONALIZED LICENSE PLATES:** To request personalized license plates, check this box and enter your choices below.

1st									2nd								
3rd									4th								

☐ **Communication Impairment Indicator Option:** For law enforcement purposes, I request a DMV record indicator for a disability that can impair communication.

INSURANCE CERTIFICATION

☐ I/We certify that this vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. Penalties are severe for violation of this requirement.	NAME OF INSURANCE COMPANY

NOTICE

PRIVACY NOTICE: The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. By signing this form, you authorize DMV's exchange of title and registration records with business, law enforcement, or government entities and you authorize DMV's exchange of title and registration records in accordance with Va. Code §§46.2-208 through 46.2-214 and 18 U.S.C. 2721.

POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.

CERTIFICATION

I/We certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.
If the vehicle to be registered has a gross weight of 26,001 pounds or more, I/we further certify and affirm my/our knowledge of all applicable state and federal motor carrier safety and hazardous materials laws and regulations.
If I/we have requested Amateur Radio Operator Call Letter license plates, I/we certify and affirm that I/we will return those plates to DMV for another type of license plate within 90 days if my/our amateur radio license becomes invalid for any reason.
An authorized representative must sign for a corporation or company.

APPLICANT/AUTHORIZED CORPORATION/COMPANY REPRESENTATIVE SIGNATURE	DAYTIME TELEPHONE NUMBER ( )	DATE (mm/dd/yyyy)
CO-APPLICANT SIGNATURE	DAYTIME TELEPHONE NUMBER ( )	DATE (mm/dd/yyyy)

DMV USE ONLY

CHECK IF NO FEE ☐			CSC TRANSACTION FEE (TOTAL RENEWALS X $5)	CSR STAMP
LICENSE PLATE NUMBER	DECAL MONTH	DECAL YEAR	ADDITIONAL FEE	
REGISTRATION FEE	REISSUE FEE	UMV FEE	FEE TOTAL	

www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

ODOMETER DISCLOSURE STATEMENT

VSA 5 (07/01/2021)

Do not use this form if a title exists for this vehicle.

Purpose: Use this form to comply with state and federal laws that require the seller of a motor vehicle to state the odometer mileage upon transfer of ownership.

Instructions: Print or Type - Failure to complete or providing false information may result in fines and/or imprisonment. (Sections 409, 412 and 413 of the Motor Vehicle Information and Cost Savings Act of 1972, Section 46.2-629 of the Code of Virginia.)

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER	MAKE	BODY TYPE	MODEL	YEAR

SELLER CERTIFICATION

Enter the odometer reading of the vehicle in the box to the right and check one of the following statements.
CHECK ONE BOX ONLY:

ODOMETER READING (no tenths)

- ☐ Odometer reading entered is THE ACTUAL MILEAGE OF THE VEHICLE
- ☐ Odometer reading entered is IN EXCESS OF ODOMETER'S MECHANICAL LIMITS
- ☐ Odometer reading entered IS NOT THE ACTUAL MILEAGE. **(WARNING-Odometer Discrepancy)**
- ☐ Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

SELLER NAME (print)	SELLER SIGNATURE	DATE (mm/dd/yyyy)

SELLER STREET ADDRESS	CITY	STATE	ZIP CODE

BUYER CERTIFICATION

By signing below I acknowledge and certify that I have received a copy of this completed form.

BUYER NAME (print)	BUYER SIGNATURE	DATE (mm/dd/yyyy)

BUYER STREET ADDRESS	CITY	STATE	ZIP CODE

www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

POWER OF ATTORNEY TO SIGN FOR OWNER

WHEN REGISTERING AND/OR TRANSFERRING OWNERSHIP OF A MOTOR VEHICLE

VSA 70 (05/10/2018)

VEHICLE OWNER(S):

OWNER NAME (last, first, middle) VSA 14 (07/01/2024)			CO-OWNER NAME (last, first, middle)		
OWNER STREET ADDRESS			CO-OWNER STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

POWER OF ATTORNEY GRANTED TO:

FULL LEGAL NAME (last)	(first)	(middle)	(suffix)

STREET ADDRESS	CITY	STATE	ZIP

VEHICLE INFORMATION

VEHICLE MAKE	BODY TYPE	MODEL YEAR	VEHICLE IDENTIFICATION NUMBER (VIN)	TITLE NUMBER

CERTIFICATION

I/We, being the owner(s) of the motor vehicle described above, by these presents do make, constitute, and appoint the person named above true and lawful attorney-in-fact to sign in my/our name, place, and stead any Certificate of Title, or other supporting papers, covering said motor vehicle, in whatever manner necessary to register and/or transfer ownership of said motor vehicle; and I/we do hereby grant unto said attorney-in fact full authority and power to do and perform any and all other acts necessary or incidents to the execution of the powers herein expressly granted, as the grantor might or could do if personally present, with full power of substitution.

I/We further certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER SIGNATURE		CO-OWNER SIGNATURE	
DMV CUSTOMER NUMBER/EMPLOYER FEDERAL ID NUMBER (If vehicle owned by a company or corporation)	DATE (mm/dd/yyyy)	DMV CUSTOMER NUMBER/EMPLOYER FEDERAL ID NUMBER (If vehicle owned by a company or corporation)	DATE (mm/dd/yyyy)

Limited Power of Attorney

Date:_____

I, Expiration Date _____

hereby name and appoint _____

or _____

to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my name and sign their name in my behalf. My attorney-in-fact can also file for and collect any overpayment of fees and taxes from the state office to which said overpayment was remitted. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same.
With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in respect of registering or titling the below- referenced vehicle.

Year: _____ Make:_____ VIN: _____

Transferor's Signature: _____

On this _____ day of _____ 20_____ before me personally appeared

_____ whose identity was proven to be based on satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

_____

(Affix Seal Here)

THIS FORM IS INVALID WITHOUT NOTARIZATION