

|   |  |  |  |  |  |  |   |   |  |  |
|---|--|--|--|--|--|--|---|---|--|--|
| DEPARTMENT USE ONLY – DO NOT WRITE IN SHADED AREAS  |  |  |  |  | 490 <input type="checkbox"/> C                 | 490 <input type="checkbox"/> P   | EXPIRES (YY/MM)<br><b>/ 08</b>  |   |  |  |
| This application must be accompanied by Vermont Sales & Use Tax, proof that the Vermont Sales & Use Tax has been paid or proof of tax paid in another State.  |  |  |  |  | <input type="checkbox"/> Non-Resident _____    |  |   | <input type="checkbox"/> 231<br><input type="checkbox"/> 225  | <input type="checkbox"/> 232<br><input type="checkbox"/> 227 | <input type="checkbox"/> 233<br>Index  |
|   |  |  |  |  | 1  | <input type="checkbox"/> New (421)<br><input type="checkbox"/> Transfer (431)<br><input type="checkbox"/> Renewal (475)<br><input checked="" type="checkbox"/> <b>Title Only</b> |   | Decal # Attached to Snowmobile<br>Expiration Year of Validation Sticker<br><input type="checkbox"/> No Decal attached |  |  |
| 2   | Make (If Homemade, So State)   | Year   | Color  | Odometer Reading   | Identification Number (VIN)                    |  |   | <input type="checkbox"/> NEW <input type="checkbox"/> USED<br><input type="checkbox"/> ANTIQUE                        |  |  |
| 3   | OWNER  | VT DRIVER LICENSE NO   | FEDERAL ID NUMBER                                  | GENDER   | CO-OWNER                                       | VT DRIVER LICENSE NO   | FEDERAL ID NUMBER   | GENDER  |  |  |
| Name  |  |  |  |  | Name   |  |   |   |  |  |
| Mailing Address (PO Box or Street):   |  |  |  |  | Mailing Address (PO Box or Street):            |  |   |   |  |  |
| City:   |  |  | State:   | ZIP:   | City:  |  |   | State:  | ZIP:   |  |
| 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 and/or Email Address:  |  |  |  |  |  |  |   |   |  |  |
| <input type="checkbox"/> Spouses <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Partners (business) <b>Must Indicate Rights Of Survivorship</b> (If No Box Is Checked "Joint Tenants" Will Be Selected) |  |  |  |  |  |  |   |   |  |  |
| 4   | NAME OF LIENHOLDER   |  |  | DATE OF BIRTH (if individual)  |  | 5  | Seller Name   |   | Date Purchased   |  |
| MAILING ADDRESS - STREET, CITY, STATE, ZIP CODE   |  |  |  |  | IF NO LOAN, CHECK BOX <input type="checkbox"/> |  | Seller Address (PO Box or Street):  |   |  |  |
| DATE OF LOAN  |  | VT LICENSE NO  |  | IS THERE A SECOND LOAN? IF YES, CHECK BOX & SEND DETAILS <input type="checkbox"/>  |  |  | Seller Address (City, State Zip):   |   |  |  |
| 6   | I Certify That The VT Sales And Use Tax Has Been Collected From The Purchaser And Paid To The VT Dept. Of Taxes  |  |  |  | Seller Signature                               |  |   |   |  |  |
| 6   | Dealer Name:   |  | Signature of Dealer Or Authorized Agent:           |  | Date:  |  | Vermont Tax No:   |   | VT DEALER NUMBER   |  |
| 7   | <b>TO BE COMPLETED BY VAST AGENTS/DEALERS ONLY</b><br><small>(NOTE: RENEWAL BY VAST AGENTS ONLY)</small><br>DATE ISSUED: _____<br>V.A.S.T. AGENT / DEALER # _____<br>V.A.S.T. AGENT / DEALER SIGNATURE: (circle one)       |  |  | <b>60 DAY TEMPORARY REGISTRATION #</b><br><input type="checkbox"/> New Decal<br><input type="checkbox"/> Renewal<br><input type="checkbox"/> (New Plate Antique) |  | 8  | <b>SELECT ONE:</b><br><input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Antique<br><input type="checkbox"/> Transfer<br><input type="checkbox"/> Replacement |   | 8<br>A   | <b>NON-RESIDENTS MUST COMPLETE THE FOLLOWING HOME STATE _____</b><br>I have applied for my snowmobile title<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 9   | <b>Purchase Price</b>  |  | <b>9A TO CLAIM TAX CREDIT, COMPLETE SECTION 9A</b> |  |  | <b>12</b>  |   | <small>DO NOT SEND CASH<br/>DO NOT WRITE IN SHADED AREA</small>   |  |  |
| PURCHASE PRICE  |  | \$   | PURCHASER OF OLD SNOWMOBILE                        |  |  | Registration (36)  |   |   |  |  |
| TAX CREDIT  |  | \$   | CITY STATE ON (DATE)                               |  |  | Tax (39)   |   |   |  |  |
| NET TAXABLE COST  |  | \$   | YEAR   | MAKE   | Reg #  | TAX EXEMPT #   | Title (03)  |   |  |  |
| TAX (6%)  |  | \$   | VIN  |  |  | Transfer (36)  |   |   |  |  |
| 10  | <input type="checkbox"/> TAX EXEMPTION FOR OUT-OF-STATE DELIVERY TO A NON-VERMONT RESIDENT. MUST INCLUDE INVOICE WITH DELIVERY LOCATION OUTSIDE OF VERMONT   |  |  |  |  |  |   |   |  |  |
| 10  | <b>VERIFICATION OF SERIAL NUMBER - APPLICANT SHOULD NOT WRITE IN THIS SECTION</b>  |  |  |  |  |  |   |   |  |  |
| 10  | (SERIAL NUMBER (VIN) - NO ALTERATIONS OR ERASURES ACCEPTED)  |  |  |  |  |  |   |   |  |  |
| DATE  |  | AT TOWN OR CITY  |  |  | STATE  |  | <b>Total \$</b>   |   |  |  |
| AUTHORIZED SIGNATURE  |  |  |  | ORGANIZATION   |  |  | Return #  | Rater #   | RF   |  |
| NCIC<br><input type="checkbox"/> Y <input type="checkbox"/> N   |  | VINASSIST<br><input type="checkbox"/> Y <input type="checkbox"/> N |  | STATE OF REG   |  | PHONE NUMBER   |   | White – DMV, Yellow - VAST/Dealer, Pink - Customer  |  |  |
| 11  | I certify that I am the owner of the snowmobile described above and same is properly equipped and in good mechanical condition. Statements and warrants herein are certified under penalty of 23 V.S.A. §202, §203 & §3829 |  |  |  |  |  |   |   |  |  |
| SIGNATURE (OWNER)   |  |  |  | DATE   |  |  | SIGNATURE (CO-OWNER)  |   |  |  |

|   |  |  |  |   |  |  |  |   |   |                                       |        |  |
|---|--|--|--|---|--|--|--|---|---|---------------------------------------|--------|--|
| DEPARTMENT USE ONLY – DO NOT WRITE IN SHADED AREAS  |  |  |  |   | 490 <input type="checkbox"/> C   | 490 <input type="checkbox"/> P   | EXPIRES (YY/MM)<br><b>/ 08</b>           |   |   |                                       |        |  |
| This application must be accompanied by Vermont Sales & Use Tax, proof that the Vermont Sales & Use Tax has been paid or proof of tax paid in another State.  |  |  |  |   | <input type="checkbox"/> Non-Resident _____  |  |  | <input type="checkbox"/> 231<br><input type="checkbox"/> 225  | <input type="checkbox"/> 232<br><input type="checkbox"/> 227  | <input type="checkbox"/> 233<br>Index |        |  |
|   |  |  |  |   | 1  | <input type="checkbox"/> New (421)<br><input type="checkbox"/> Transfer (431)<br><input type="checkbox"/> Renewal (475)<br><input checked="" type="checkbox"/> <b>Title Only</b> |  | Decal # Attached to Snowmobile<br>Expiration Year of Validation Sticker<br><input type="checkbox"/> No Decal attached |   |                                       |        |  |
| 2   | Make (If Homemade, So State)   | Year                                     | Color  | Odometer Reading  | Identification Number (VIN)  |  |  | <input type="checkbox"/> NEW <input type="checkbox"/> USED<br><input type="checkbox"/> ANTIQUE                        |   |                                       |        |  |
| 3   | OWNER  | VT DRIVER LICENSE NO                     | FEDERAL ID NUMBER  | GENDER  | CO-OWNER   | VT DRIVER LICENSE NO   | FEDERAL ID NUMBER                        | GENDER  |   |                                       |        |  |
| Name  |  |  |  |   | Name   |  |  |   |   |                                       |        |  |
| Mailing Address (PO Box or Street):   |  |  |  |   | Mailing Address (PO Box or Street):  |  |  |   |   |                                       |        |  |
| City:   |  |  | State:   | ZIP:  | City:  |  |  | State:  | ZIP:  |                                       |        |  |
| 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 and/or Email Address:  |  |  |  |   |  |  |  |   |   |                                       |        |  |
| <input type="checkbox"/> Spouses <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Partners (business) <b>Must Indicate Rights Of Survivorship</b> (If No Box Is Checked "Joint Tenants" Will Be Selected) |  |  |  |   |  |  |  |   |   |                                       |        |  |
| 4   | NAME OF LIENHOLDER   |  |  | DATE OF BIRTH (if individual)   |  | 5  | Seller Name                              |   | Date Purchased  |                                       |        |  |
| MAILING ADDRESS - STREET, CITY, STATE, ZIP CODE   |  |  |  |   | IF NO LOAN, CHECK BOX <input type="checkbox"/>   |  |  | Seller Address (PO Box or Street):  |   |                                       |        |  |
| DATE OF LOAN  |  | VT LICENSE NO                            |  | IS THERE A SECOND LOAN? IF YES, CHECK BOX & SEND DETAILS <input type="checkbox"/> |  |  | Seller Address (City, State Zip):        |   |   |                                       |        |  |
| 6   | I Certify That The VT Sales And Use Tax Has Been Collected From The Purchaser And Paid To The VT Dept. Of Taxes  |  |  |   |  | Seller Signature   |  |   |   |                                       |        |  |
| 6   | Dealer Name:   |  | Signature of Dealer Or Authorized Agent:                           |   | Date:  | Vermont Tax No:  |  | VT DEALER NUMBER  |   |                                       |        |  |
| 7   | <b>TO BE COMPLETED BY VAST AGENTS/DEALERS ONLY</b><br><small>(NOTE: RENEWAL BY VAST AGENTS ONLY)</small><br>DATE ISSUED: _____<br>V.A.S.T. AGENT / DEALER # _____<br>V.A.S.T. AGENT / DEALER SIGNATURE: (circle one)       |  |  |   | <b>60 DAY TEMPORARY REGISTRATION #</b><br><input type="checkbox"/> New Decal<br><input type="checkbox"/> Renewal<br><input type="checkbox"/> (New Plate Antique) |  | 8  |   | <b>SELECT ONE:</b><br><input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Antique<br><input type="checkbox"/> Transfer<br><input type="checkbox"/> Replacement |                                       | 8<br>A | <b>NON-RESIDENTS MUST COMPLETE THE FOLLOWING HOME STATE _____</b><br>I have applied for my snowmobile title<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| 9   | <b>Purchase Price</b>  |  | 9A   | <b>TO CLAIM TAX CREDIT, COMPLETE SECTION 9A</b>                                   |  |  |  | 12  | DO NOT SEND CASH<br>DO NOT WRITE IN SHADED AREA   |                                       |        |  |
| PURCHASE PRICE  |  | \$                                       | PURCHASER OF OLD SNOWMOBILE  |   |  |  |  | Registration (36)   |   |                                       |        |  |
| TAX CREDIT  |  | \$                                       | CITY   |   | STATE  | ON (DATE)  |  | Tax (39)  |   |                                       |        |  |
| NET TAXABLE COST  |  | \$                                       | YEAR   | MAKE  | Reg #  | TAX EXEMPT #   |  | Title (03)  |   |                                       |        |  |
| TAX (6%)  |  | \$                                       | VIN  |   |  |  |  | Transfer (36)   |   |                                       |        |  |
| 10  | <input type="checkbox"/> TAX EXEMPTION FOR OUT-OF-STATE DELIVERY TO A NON-VERMONT RESIDENT. MUST INCLUDE INVOICE WITH DELIVERY LOCATION OUTSIDE OF VERMONT   |  |  |   |  |  |  |   |   |                                       | Misc   |  |
| 10  | <b>VERIFICATION OF SERIAL NUMBER - APPLICANT SHOULD NOT WRITE IN THIS SECTION</b>  |  |  |   |  |  |  |   |   |                                       |        |  |
| 10  | (SERIAL NUMBER (VIN) - NO ALTERATIONS OR ERASURES ACCEPTED)  |  |  |   |  |  |  |   |   |                                       |        |  |
| DATE  |  | AT TOWN OR CITY                          |  |   |  | STATE  |  | <b>Total \$</b>   |   |                                       |        |  |
| AUTHORIZED SIGNATURE  |  |  |  |   | ORGANIZATION   |  |  | Return #  | Rater #   | RF                                    |        |  |
| 11  | NCIC<br><input type="checkbox"/> Y <input type="checkbox"/> N  |  | VINASSIST<br><input type="checkbox"/> Y <input type="checkbox"/> N |   | STATE OF REG   |  | PHONE NUMBER                             |   | White – DMV, Yellow - VAST/Dealer, Pink - Customer  |                                       |        |  |
| 11  | I certify that I am the owner of the snowmobile described above and same is properly equipped and in good mechanical condition. Statements and warrants herein are certified under penalty of 23 V.S.A. §202, §203 & §3829 |  |  |   |  |  |  |   |   |                                       |        |  |
| SIGNATURE (OWNER)   |  |  |  |   | DATE   |  |  | SIGNATURE (CO-OWNER)  |   |                                       |        |  |

|   |  |  |   |  |  |                                |   |  |  |  |  |
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| This application must be accompanied by Vermont Sales & Use Tax, proof that the Vermont Sales & Use Tax has been paid or proof of tax paid in another State.  |  |  |   |  | <input type="checkbox"/> Non-Resident _____    |                                |   | <input type="checkbox"/> 231<br><input type="checkbox"/> 225                                   | <input type="checkbox"/> 232<br><input type="checkbox"/> 227 | <input type="checkbox"/> 233<br>Index  |  |
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| 1   | <input type="checkbox"/> New (421)<br><input type="checkbox"/> Transfer (431)<br><input type="checkbox"/> Renewal (475)<br><input checked="" type="checkbox"/> <b>Title Only</b>   |  | Decal # Attached to Snowmobile<br>Expiration Year of Validation Sticker<br><input type="checkbox"/> No Decal attached |  |  |                                |   |  |  |  |  |
| 2   | Make (If Homemade, So State)   | Year   | Color   | Odometer Reading   | Identification Number (VIN)                    |                                |   | <input type="checkbox"/> NEW <input type="checkbox"/> USED<br><input type="checkbox"/> ANTIQUE |  |  |  |
| 3   | OWNER  | VT DRIVER LICENSE NO   | FEDERAL ID NUMBER   | GENDER   | CO-OWNER                                       | VT DRIVER LICENSE NO           | FEDERAL ID NUMBER   | GENDER   |  |  |  |
| Name  |  |  |   |  | Name   |                                |   |  |  |  |  |
| Mailing Address (PO Box or Street):   |  |  |   |  | Mailing Address (PO Box or Street):            |                                |   |  |  |  |  |
| City:   |  |  | State:  | ZIP:   | City:  |                                |   | State:   | ZIP:   |  |  |
| 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 and/or Email Address:  |  |  |   |  |  |                                |   |  |  |  |  |
| <input type="checkbox"/> Spouses <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Partners (business) <b>Must Indicate Rights Of Survivorship</b> (If No Box Is Checked "Joint Tenants" Will Be Selected) |  |  |   |  |  |                                |   |  |  |  |  |
| 4   | NAME OF LIENHOLDER   |  |   | DATE OF BIRTH (if individual)  |  | 5                              | Seller Name   |  | Date Purchased   |  |  |
| MAILING ADDRESS - STREET, CITY, STATE, ZIP CODE   |  |  |   |  | IF NO LOAN, CHECK BOX <input type="checkbox"/> |                                |   | Seller Address (PO Box or Street):   |  |  |  |
| DATE OF LOAN  |  | VT LICENSE NO  |   | IS THERE A SECOND LOAN? IF YES, CHECK BOX & SEND DETAILS <input type="checkbox"/>  |  |                                | Seller Address (City, State Zip):   |  |  |  |  |
| 6   | I Certify That The VT Sales And Use Tax Has Been Collected From The Purchaser And Paid To The VT Dept. Of Taxes  |  |   |  | Seller Signature                               |                                |   |  |  |  |  |
| Dealer Name:  |  | Signature of Dealer Or Authorized Agent:                           |   | Date:  | Vermont Tax No:                                |                                | VT DEALER NUMBER  |  |  |  |  |
| 7   | <b>TO BE COMPLETED BY VAST AGENTS/DEALERS ONLY</b><br><small>(NOTE: RENEWAL BY VAST AGENTS ONLY)</small><br>DATE ISSUED: _____<br>V.A.S.T. AGENT / DEALER # _____<br><br>V.A.S.T. AGENT / DEALER SIGNATURE: (circle one)   |  |   | <b>60 DAY TEMPORARY REGISTRATION #</b><br><input type="checkbox"/> New Decal<br><input type="checkbox"/> Renewal<br><input type="checkbox"/> (New Plate Antique) |  | 8                              | <b>SELECT ONE:</b><br><input type="checkbox"/> Resident<br><input type="checkbox"/> Non-Resident<br><input type="checkbox"/> Antique<br><input type="checkbox"/> Transfer<br><input type="checkbox"/> Replacement |  | 8<br>A   | <b>NON-RESIDENTS MUST COMPLETE THE FOLLOWING HOME STATE _____</b><br>I have applied for my snowmobile title<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |  |
| 9   | <b>Purchase Price</b>  |  | <b>9A TO CLAIM TAX CREDIT, COMPLETE SECTION 9A</b>  |  |  | <b>12</b>                      |   | <small>DO NOT SEND CASH<br/>DO NOT WRITE IN SHADED AREA</small>                                |  |  |  |
| PURCHASE PRICE  |  | \$   | PURCHASER OF OLD SNOWMOBILE   |  |  | Registration (36)              |   |  |  |  |  |
| TAX CREDIT  |  | \$   | CITY STATE ON (DATE)  |  |  | Tax (39)                       |   |  |  |  |  |
| NET TAXABLE COST  |  | \$   | YEAR  | MAKE   | Reg #  | TAX EXEMPT #                   | Title (03)  |  |  |  |  |
| TAX (6%)  |  | \$   | VIN   |  |  | Transfer (36)                  |   |  |  |  |  |
| <input type="checkbox"/> TAX EXEMPTION FOR OUT-OF-STATE DELIVERY TO A NON-VERMONT RESIDENT. MUST INCLUDE INVOICE WITH DELIVERY LOCATION OUTSIDE OF VERMONT  |  |  |   |  |  |                                | Misc  |  |  |  |  |
| 10  | <b>VERIFICATION OF SERIAL NUMBER - APPLICANT SHOULD NOT WRITE IN THIS SECTION</b>  |  |   |  |  |                                |   |  |  |  |  |
| (SERIAL NUMBER (VIN) - NO ALTERATIONS OR ERASURES ACCEPTED)   |  |  |   |  |  |                                |   |  |  |  |  |
| DATE  |  | AT TOWN OR CITY  |   |  | STATE  |                                | <b>Total \$</b>   |  |  |  |  |
| AUTHORIZED SIGNATURE  |  |  |   | ORGANIZATION   |  |                                | Return #  | Rater #  | RF   |  |  |
| NCIC<br><input type="checkbox"/> Y <input type="checkbox"/> N   |  | VINASSIST<br><input type="checkbox"/> Y <input type="checkbox"/> N |   | STATE OF REG   |  | PHONE NUMBER                   |   | White – DMV, Yellow - VAST/Dealer, Pink - Customer   |  |  |  |
| 11  | I certify that I am the owner of the snowmobile described above and same is properly equipped and in good mechanical condition. Statements and warrants herein are certified under penalty of 23 V.S.A. §202, §203 & §3829 |  |   |  |  |                                |   |  |  |  |  |
| SIGNATURE (OWNER)   |  |  |   | DATE   |  |                                | SIGNATURE (CO-OWNER)  |  |  |  |  |