

| | | | | | | |
|----------|---|-------|------|------------------------|---------------|-----|
| Owner | Email | | | Phone | | |
| | Name (Owner/Lessee) | | | | License # | |
| | Address where you get Mail | | | Address where you live | | |
| | City: | State | ZIP: | City: | State | ZIP |
| | If name has changed, list previous name(s): | | | | Date of birth | |
| Co-Owner | Name (Co-Owner/Lessor) | | | | License # | |
| | Address where you get Mail | | | Address where you live | | |
| | City | State | ZIP | City | State | ZIP |
| | If name has changed, list previous name(s): | | | | Date of birth | |

Spouses
 Joint Tenants
 Tenants In Common
 Partners (business)
 TOD (Transfer on Death)
Must Indicate Rights Of Survivorship

| | | | | | | | |
|------------------|-------------------------|---|--------------------------------------|-----------|--|---|--------------------------|
| Vehicle / Vessel | Model Year | Make | Model | Body Type | Curb Weight | Vessel Length (if boat) ft. in. | Body/Hull Type (if boat) |
| | Serial Number (VIN/HIN) | | | | | | |
| | Mileage (No Tenths) | <input type="checkbox"/> Miles <input type="checkbox"/> Km <input type="checkbox"/> Hours | I certify that the odometer reading: | | <input type="checkbox"/> Reflects the actual mileage, <input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits or <input type="checkbox"/> Is NOT the actual mileage - WARNING ODOMETER DISCREPANCY | | |

I CERTIFY that I am the owner of the vehicle/vessel described above and said vehicle has no VIN/HIN because:

NUMBER DESTROYED/REMOVED – Explanation: _____

SALVAGED – Include Salvage Title. If not available, explain below (if Salvage Title is not available, it will be necessary to bond the vehicle.
 Explanation: _____

HOMEMADE – Include Bills of Sale for all components and/or Title if applicable, and photos of your completed build, or application will be returned.

REBUILT FROM COMPONENT PARTS – Include Title, Bills of Sale for components, and photos of your completed build, or application will be returned.

OTHER – Explain: _____

| | | | |
|------------|---|-----------------------|------|
| Signatures | I CERTIFY that I am the owner of the vehicle described above and said vehicle is properly equipped and in good mechanical condition. The undersigned hereby certifies that the information contained herein is true and correct. These declarations are made under penalties of 23 VSA §202, §203, §2082 & §3829. | | |
| | | | |
| | Signature of Owner | Signature of Co-Owner | Date |

| FOR DEPARTMENT USE ONLY: | | | | | |
|---|--|--------|---------|----------------|---------------------|
| Date Issued: | Plate # | Type | Expires | Hidden VIN/HIN | VT Assigned VIN/HIN |
| <input type="checkbox"/> Build is incomplete/unable to be inspected | <input type="checkbox"/> Cancel transaction – issue refund to customer | | | | |
| Signature of Inspector | | Cert # | Date | Rater # | |
| | | | | | |

**** IMPORTANT ****

If the vehicle is **Homemade** or **Rebuilt from Component Parts**, you must include all Bills of Sale and Titles for the parts used along with photographs of your completed build. If you do not provide these documents, this application will be returned to you!

1. Exceptions - The State of Vermont does NOT issue titles for the following:
 - Motorcycles with an engine size smaller than 300 cc
 - Motor-driven cycles
 - Road-making appliances
 - Tractors with a loaded weight of 6,099 lbs. or less
 - Trailers with an empty weight of 1,500 lbs. or less
2. If your vehicle is a street rod or replica of a street rod, a Motor Vehicle Inspector or a certified street rod inspector must attach the VIN plate. The inspector must complete a Certificate of Verification (VN-186) before the vehicle can be registered.
3. If your vehicle is titleable, a Motor Vehicle Inspector will attach the Vehicle Identification Number Tag. **Be sure to list your phone number(s) on the front of this form.** The inspector will contact you to make arrangements to attach the Vehicle Identification Number Tag to your vehicle. Please give directions to the location of your vehicle:

4. Submit this completed form to:

Vermont Department of Motor Vehicles

120 State Street

Montpelier, VT 05603-0001