



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. <input type="checkbox"/> b. Rehabilitation Facility for Mentally Retarded Children. <input type="checkbox"/> c. Care Facility (residential/intermediate for the Mentally Retarded). <input type="checkbox"/> d. Care Facility (residential) for the Mentally ill. <input type="checkbox"/> e. Educational Institution (Private, non-profit). <input type="checkbox"/> f. Free-standing Hospice Facility. <input type="checkbox"/> g. Government. <input type="checkbox"/> h. Hospital licensed under Iowa Code Chapter 135B. <input type="checkbox"/> i. Community Healthy Center. <input type="checkbox"/> j. Migrant Health Center. <input type="checkbox"/> k. Community Mental Health Center. <input type="checkbox"/> l. Legal Aid Organization. <input type="checkbox"/> m. Non-profit Private Museum. <input type="checkbox"/> n. Non-profit Art Center. <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. <input type="checkbox"/> b. Inheritance or court order (e.g.: divorce). <input type="checkbox"/> c. Vehicle Purchased outside Iowa with no intent to use in Iowa. (A "move-in") <input type="checkbox"/> d. Homemade vehicle. <input type="checkbox"/> e. Sales, Use, or Occupational tax paid to another state at time of purchase. <input type="checkbox"/> f. Name dropped. <input type="checkbox"/> g. Name added. <input type="checkbox"/> h. Even trade or down trade. <input type="checkbox"/> i. Delivered to a resident Native American Indian on the reservation. <input type="checkbox"/> j. In-Transit title, tax to be paid in title-holder's state of residence. <input type="checkbox"/> k. Transfer to or from a living or irrevocable trust. <input type="checkbox"/> l. Other, please explain _____ <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)