

APPLICATION FOR CERTIFICATE OF TITLE - MANUFACTURED HOME

Purpose: Use this form to title a manufactured home. Do not use for self-propelled vehicles or travel trailers.

Instructions: Complete this form and return to any DMV customer service center. DMV may request proof of any information provided.

LOG NUMBER

OWNER INFORMATION			
Electronic Title Option -- I want DMV to maintain an electronic certificate of title on file for this vehicle. (No paper title will be issued) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Check one: <input type="checkbox"/> Vehicle is owned by individual(s). <input type="checkbox"/> Vehicle is business owned.	If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co-owner? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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 STREET ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
OWNER'S MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
CO-OWNER'S STREET ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
CO-OWNER'S MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF _____		Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> 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

TITLE NUMBER

LIEN INFORMATION			
Is there a lien on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete this section.			
FIRST LIEN DATE (mm/dd/yyyy)	LIENHOLDER NAME	LIENHOLDER CODE	
LIENHOLDER MAILING ADDRESS	CITY/TOWN	STATE	ZIP CODE
SECOND LIEN DATE (mm/dd/yyyy)	LIENHOLDER NAME	LIENHOLDER CODE	
LIENHOLDER MAILING ADDRESS	CITY/TOWN	STATE	ZIP CODE

SOURCE OF OWNERSHIP INFORMATION					
HOW WAS THIS VEHICLE SOLD TO YOU? (check one) <input type="checkbox"/> USED <input type="checkbox"/> NEW	RENTOR NUMBER	PURCHASE DATE (mm/dd/yyyy)		DEALERS ONLY	VA DEALER LICENSE NUMBER
SALES PRICE	PROCESSING FEE	SALES AND USE TAX	VEHICLE PURCHASED FROM		MANUFACTURER REBATE/INCENTIVE
STREET ADDRESS			CITY	STATE	ZIP CODE

MANUFACTURED HOME INFORMATION

MANUFACTURER		TYPE	MODEL	YEAR
PREVIOUS TITLE NUMBER	STATE	SERIAL NUMBER	HOME DIMENSIONS LENGTH _____ FT. x WIDTH _____ FT.	
HOME ADDRESS		CITY	STATE	ZIP CODE
IS VEHICLE STATE OR LOCALITY-OWNED? <input type="checkbox"/> YES - enter agency code <input type="checkbox"/> NO		AGENCY CODE	DIVISION CODE	

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 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.

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
CO-APPLICANT SIGNATURE	DATE (mm/dd/yyyy)

DMV USE ONLY

WITH LIEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		PROOF OF ADDRESS (specify)					
IF HELD, REASON						CLERK STAMP	
SALE PRICE	\$	TITLE FEE	\$	DEALER SURCHARGE	\$		
PROCESSING FEE	\$	UMV FEE	\$	DHCD* (30.00)	\$		
TAX	\$	TRANSFER FEE	\$				
SUBTOTAL	\$	SUBTOTAL	\$	SUBTOTAL	\$		

*Department of Housing and Community Development fee collected from Manufactured Home Dealer when manufactured home is titled.