

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.

ACQUISITION TYPE		
Check if applicable:		
<input type="checkbox"/> Seizure	<input type="checkbox"/> Replacement VIN	<input type="checkbox"/> Abandoned Vehicle (Complete form VSA 40)
<input type="checkbox"/> Leased	<input type="checkbox"/> Court Order	<input type="checkbox"/> Repossession (Vehicle must be in your possession)
<input type="checkbox"/> Mechanic's Lien/Storage Lien (Complete form VSA 41)	<input type="checkbox"/> Original Title is Electronic (No paper attached)	<input type="checkbox"/> Beneficiary Information (Complete form VSA 18)

LOG NUMBER

OWNER INFORMATION			
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			
<input type="checkbox"/> Electronic Title - Check this box if you do not want a paper title issued to you. An electronic Certificate of Title will remain on file for this vehicle at DMV.			
OWNER FULL LEGAL NAME (last, first, middle, suffix)		SOCIAL SECURITY NUMBER/FEIN	
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Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you change your residence/home address or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.			
RESIDENCE/HOME ADDRESS (Apt. # if applicable)	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
CO-OWNER RESIDENCE ADDRESS (if different from above)	CITY	STATE	ZIP CODE
RESIDENCE JURISDICTION	LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED (check one) <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN of _____		

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

TITLE NUMBER

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

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)

PRIVACY ACT NOTICE

The information, including Social Security Number, is requested in accordance with Virginia Code §46.2-623. Any person who refuses to supply the required information will be denied a Certificate of Title. Title records may be disseminated in accordance with §§ 46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.

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		\$
					TOTAL	\$

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