

APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION FOR A LEASED VEHICLE

(Check One) Send the registration renewal to the: Owner Lessee Registration Month _____
 (Check One) Registration refunds shall be made payable to the: Owner Lessee

OWNER INFORMATION (Leasing Company)

Present to County Treasurer of lessee's residence if GVWR is less than 10,000lbs. If the GVWR is 10,000lbs or more, present to the Treasurer of the owner's residence or, if a nonresident, to the Treasurer where the primary user resides.

Owner: _____ Iowa DL # or Iowa ID # or Social Security #: _____
(If individual)

Leasing License Number: _____ Birth Date: _____ Federal Employer Identification #: _____
(If individual) (If organization)

Bona fide Residence Address of Owner: _____
Address City County State Zip Code

Mailing Address of Owner: _____
Address City County State Zip Code

OWNER INFORMATION (Leasing Company)

Lessee #1: _____ Iowa DL # or Iowa ID # or Social Security #: _____
First Name Middle Name Last Name (If individual)

Birth Date: _____ Federal Employer Identification #: _____
(If individual) (If organization)

Bona fide Residence Address of Lessee #1: _____
Address City County State Zip Code

Mailing Address of Lessee #1: _____
Address City County State Zip Code

Lessee #2: _____ Iowa DL # or Iowa ID # or Social Security #: _____
First Name Middle Name Last Name (If individual)

Birth Date: _____ Federal Employer Identification #: _____
(If individual) (If organization)

Bona fide Residence Address of Lessee #2: _____
Address City County State Zip Code

Mailing Address of Lessee #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

Total Lease Price (for motor vehicles with a GVWR less than 16,000, excluding motorcycles and mopeds) \$ _____

(Check only if applicable)

I claim exemption from payment of the fee for new registration. List Exemption Code _____ (See Page 2)

I claim a business trade exemption for my truck.

I/We certify under penalty of perjury that the foregoing is true and correct*

x _____
Signature of Owner **Date**

By _____
If Firm, Association, Corporation, or Attorney in Fact

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 charges exempt from fee for new registration.....\$ _____ Registration Fee Collected: _____

Less Rebate applied to purchase price of the vehicle . \$ _____

Equals Fee For New Registration Price.....\$ _____

I/We certify under penalty of perjury that the foregoing is true and correct.

Date _____ Dealer No. _____ Dealership Name _____

By _____
 Authorized Representative & Title

***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 \$ _____

PRIMARY USER INFORMATION (Complete only if the lessee is not the primary user)

Primary User #1: _____ Iowa DL # or Iowa ID #: _____
First Name Middle Name Last Name (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: _____ Iowa DL # or Iowa ID #: _____
First Name Middle Name Last Name (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

FEE FOR NEW REGISTRATION - EXEMPTIONS

Owner Name _____ VIN _____

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