



**Cheryl E. Johnson, PCC**  
**Assessor and Collector of Taxes**

Galveston County Courthouse, 722 Moody, Galveston, Texas 77550  
Toll Free (877) 766-2284 Fax (409) 766-2479  
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**RETURN OF VEHICLE TITLE APPLICATION OR REGISTRATION RENEWAL**

Owner Name: \_\_\_\_\_ Vehicle Year & Mfg: \_\_\_\_\_  
Address: \_\_\_\_\_ Plate or Vin #: \_\_\_\_\_  
\_\_\_\_\_ Check # \_\_\_\_\_ Amount of Check: \$ \_\_\_\_\_

**ADDITIONAL INFORMATION OR FEES NEEDED TO COMPLETE REGISTRATION RENEWAL**

**We are unable to process your transaction for the following reason:**

\_\_\_\_\_ Incorrect payment amount (please remit the following amount \$ \_\_\_\_\_)

\_\_\_\_\_ Check is not signed (please sign and return in enclosed envelope along with this form)

\_\_\_\_\_ Check should be made payable to GCTO (please submit check with proper payee)

\_\_\_\_\_ Written & numerical amounts on check do not match (please submit a new check in amount shown above)

\_\_\_\_\_ Corrections made to check and our bank will not accept (please submit another check for processing)

\_\_\_\_\_ TxDMV system reflects registration is not due at this time.

**Additional information is needed:**

\_\_\_\_\_ Proof of insurance      \_\_\_\_\_ Validate that citation/ticket has not been issued for expired registration:

\_\_\_\_\_ Proof of vehicle inspection       No citation       Citation issued (see amount to remit above)

**Authorization required for purchase of registration:**

I authorize \_\_\_\_\_ to purchase the registration for my vehicle.

\_\_\_\_\_ Signature of owner      \_\_\_\_\_ Date

**ADDITIONAL INFORMATION OR FEES NEEDED TO COMPLETE TITLE TRANSACTION**

**Signatures or Information Required To Complete Title Transfer:**

\_\_\_\_\_ Seller to sign lines 34 and 35      \_\_\_\_\_ Correct assignment date      \_\_\_\_\_ Vehicle inspection report

\_\_\_\_\_ Buyer to sign lines 36 and 37      \_\_\_\_\_ Correct odometer reading      \_\_\_\_\_ Proof of insurance

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Verify \_\_\_\_\_ and \_\_\_\_\_ are one and the same person/organization:

\_\_\_\_\_ Signature of person verifying      \_\_\_\_\_ Date

**Fees Required & Amount:**

\_\_\_\_\_ Registration fee       \$33.00 Title application fee

\_\_\_\_\_ Delinquent transfer penalty       \$2.50 Transfer fee

\_\_\_\_\_ 6.25% sales tax       Other \_\_\_\_\_

\_\_\_\_\_ 5% delinquent sales tax penalty      \_\_\_\_\_

\_\_\_\_\_ 10% delinquent sales tax penalty      **Total Due: \$ \_\_\_\_\_**

Customer Service Rep First Name & Deputy #: \_\_\_\_\_ Date: \_\_\_\_\_  
Branch Manager/Customer Service Specialist Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Branch Originated: \_\_\_\_\_