Application for Texas Title and/or Registration

Applying for (please check one):
☐ Title & Registration ☐ Title Only ☐ Registration Purposes Only ☐ Nontitle Registration

For a corrected title or registration, check reason:
☐ Vehicle Description ☐ Add/Remove Lien ☐ Other: _____

TAX OFFICE USE ONLY
County: _____
Doc #: _____
☐ SPV ☐ Appraisal Value $ _____

1. Vehicle Identification Number	2. Year	3. Make	4. Body Style	5. Model	6. Major Color	7. Minor Color

8. Texas License Plate No.	9. Odometer Reading (no tenths)	10. This is the Actual Mileage unless the mileage is: ☐ Not Actual ☐ Exceeds Mechanical Limits ☐ Exempt	11. Empty Weight	12. Carrying Capacity (if any)

13. Applicant Type
☐ Individual ☐ Business ☐ Government ☐ Trust ☐ Non-Profit

14. Applicant Photo ID Number or FEIN/EIN

15. ID Type
☐ U.S. Driver License/ID Card (issued by: _____) ☐ NATO ID ☐ U.S. Dept. of State ID
☐ Passport (issued by: _____) ☐ U.S. Military ID ☐ U.S. Dept. of Homeland Security ID
☐ U.S. Citizenship & Immigration Services/DOJ ID ☐ Other Military Status of Forces Photo ID

16. Applicant First Name (or Entity Name)	Middle Name	Last Name	Suffix (if any)

17. Additional Applicant First Name (if applicable)	Middle Name	Last Name	Suffix (if any)

18. Applicant Mailing Address	City	State	Zip	19. Applicant County of Residence

20. Previous Owner Name (or Entity Name)	City	State	21. Dealer GDN (if applicable)	22. Unit No. (if applicable)

23. Renewal Recipient First Name (or Entity Name) (if different)	Middle Name	Last Name	Suffix (if any)

24. Renewal Notice Mailing Address (if different)	City	State	Zip

25. Applicant Phone Number (optional)	26. Email (optional)	27. Registration Renewal eReminder ☐ Yes (Provide Email in #26)	28. Communication Impediment? ☐ Yes (Attach Form VTR-216)

29. Vehicle Location Address (if different)	City	State	Zip

30. Multiple (Additional) Liens ☐ Yes (Attach Form VTR-267)	31. Electronic Title Request ☐ Yes (Cannot check #30)	32. Certified/eTitle Lienholder ID Number (if any)	33. First Lien Date (if any)

34. First Lienholder Name (if any)	Mailing Address	City	State	Zip

35. Check only if applicable:

MOTOR VEHICLE TAX STATEMENT

☐ I hold Motor Vehicle Retailer (Rental) Permit No. _____ and will satisfy the minimum tax liability (V.A.T.S., Tax Code §152.046[c])
☐ I am a dealer or lessor and qualify to take the Fair Market Value Deduction (V.A.T.S., Tax Code, §152.002[c]). GDN or Lessor Number _____

36. Trade-In (if any) ☐ Yes (Complete)	Year	Make	Vehicle Identification Number	37. Additional Trade-In(s) ☐ Yes

38. Check only if applicable:

SALES AND USE TAX COMPUTATION

☐ (a) Sales Price ($ _____ rebate has been deducted)	$ _____	☐ $90 New Resident Tax – (Previous State)	_____
(b) Less Trade-in Amount, described in Box 36 above	$ (_____)	☐ $5 Even Trade Tax	
(c) For Dealers/Lessors/Rental ONLY – Fair Market Value Deduction, described in Box 36 above	$ (_____)	☐ $10 Gift Tax – Attach Comptroller Form 14-317	
		☐ $65 Rebuilt Salvage Fee	
(d) Taxable Amount (Item a minus Item b or Item c)	$ _____	☐ 2.5% Emissions Fee (Diesel Vehicles 1996 and Older > 14,000 lbs.)	_____
(e) 6.25% Tax on Taxable Amount (Multiply Item d by .0625)	$ _____	☐ 1 % Emissions Fee (Diesel Vehicles 1997 and Newer > 14,000 lbs.)	_____
(f) Late Tax Payment Penalty ☐ 5% or ☐ 10%	$ _____	☐ Exemption claimed under the Motor Vehicle Sales and Use Tax Law because:	
(g) Tax Paid to _____(STATE)	$ _____	_____	
(h) AMOUNT OF TAX AND PENALTY DUE (Item e plus Item f minus Item g)	$ _____	☐ $28 or $33 Application Fee for Texas Title (Contact your county tax assessor-collector for the correct fee.)	

CERTIFICATION – State law makes falsifying information a third degree felony

I hereby certify all statements in this document are true and correct to the best of my knowledge and belief, and I am eligible for title and/or registration (as applicable).

Signature(s) of Seller(s), Donor(s), or Trader(s)	Printed Name(s) (Same as Signature(s))	Date
Signature of Applicant/Owner	Printed Name (Same as Signature)	Date
Signature(s) of Additional Applicant(s)/Owner(s)	Printed Name(s) (Same as Signature(s))	Date