

Vehicle Registration Form

Buyers: Fill out the top half of this form completely.
Enter the information exactly as you want it to appear on the title/registration.

First / Middle / Last Name: _____
*Enter company name if registering to an organization

Physical Street Address: _____ Apt# _____ PO Box: _____

City: _____ State: _____ Zip Code: _____ County: _____

Date of Birth: ____ / ____ / ____ Driver's License #: _____ (copy of DL required)

*Ins. Company: _____ Policy #: _____ Exp. Date: _____
*Required for motorized vehicles

Is a secured party involved in the purchase of this vehicle? ☐ YES ☐ NO

If yes, provide the secured party. Name: _____

Address: _____

What is the color of the vehicle? _____ Collector Class - Current plate # _____
*Required for change to Collector class

BIDDER – Please advise affiliate if any changes are needed during title transfer. (i.e. GVW, Class, etc.)
*Please note, changes can result in additional fees due for transfer

Affiliate, note change here: _____

If the vehicle weight is 10,000 lbs or more, provide the information for the applicable GVW.

GVW 10,000 to 15,000 lbs

Is the vehicle being registered to an individual for non-commercial use? ☐ YES (stop here) ☐ NO

If the vehicle is being registered to a company, DOT# required: _____ # of axles: _____

GVW over 15,000 lbs

The vehicle will be registered for commercial use, DOT# required: _____ # of axles: _____

GVW over 55,000 lbs

DOT# required: _____ # of axles: _____

Heavy Vehicle Use Tax Form MUST be submitted to transfer ownership.

Farm Class ONLY

Is the vehicle being changed to Farm class? ☐ YES ☐ NO

Is the Farm vehicle being registered yearly/quarterly? ☐ Year ☐ Qtr Qtr #'s to register: _____

(Qtr 1 – May; Qtr 2 – Aug; Qtr 3 – Nov; Qtr 4 – Feb)