812

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

VEHICLE TRANSACTION APPLICATION

APPLICATION TYPE

TITLE
- ☐ CHANGE OF OWNERSHIP
- ☐ REPLACEMENT TITLE
- ☐ CORRECTION / ADD OR REMOVE LIENHOLDER

REGISTRATION
☐ REGISTRATION ☐ LOST TAB/PLATE ☐ OTHER _____

I AM ALSO APPLYING FOR AN EXEMPTION:
☐ SENIOR (65+) ☐ MILITARY ☐ GUARD ☐ DISABILITY ☐ CHARITABLE/GOVERNMENT
☐ PERMANENT REGISTRATION (I LIVE IN AN ELIGIBLE AREA) ☐ OTHER _____

VEHICLE INFORMATION

SERIAL NUMBER (VIN)				SECONDARY SERIAL NUMBER (VIN)	
YEAR	MAKE	MODEL		BODY STYLE	COLOR
ODOMETER (MILES)	WEIGHT	☐ ACTUAL ☐ ESTIMATED	IS VEHICLE USED COMMERCIALLY	☐ YES ☐ NO	AK LICENSE PLATE # ☐ NEW PLATES REQUESTED

OWNER INFORMATION

FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME		SUFFIX
DRIVER LICENSE #	STATE	DATE OF BIRTH	ORGAN DONOR ☐ YES ☐ NO	SOCIAL SECURITY NO.
COMPANY OR TRUST NAME (If applicable)				TAXPAYER ID NO.

CONJUNCTION TYPE
☐ "AND" requires the signatures of ALL owners to sell / transfer
☐ "OR" requires the signature of a single owner to sell / transfer

CO-OWNER INFORMATION

FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME		SUFFIX
DRIVER LICENSE #	STATE	DATE OF BIRTH	ORGAN DONOR ☐ YES ☐ NO	SOCIAL SECURITY NO.
LEASING COMPANY, COMPANY, OR TRUST (If applicable)				TAXPAYER ID NUMBER

CONTACT INFORMATION

OWNER MAILING ADDRESS	CITY	STATE	ZIP
OWNER RESIDENCE ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE #	I WANT TO RECEIVE NOTIFICATIONS BY: ☐ REGULAR MAIL ☐ E-MAIL	
LEASING COMPANY MAILING ADDRESS	CITY	STATE	ZIP

COMMERCIAL

COMMERCIAL VEHICLES, LEASED VEHICLES, VEHICLES OWNED BY A COMPANY, OR VEHICLES WEIGHING MORE THAN 10,000 POUNDS

DURATION OF REGISTRATION	Heavy Vehicle Use Tax Declaration	DOT NO.	NO. OF AXLES
☐ ANNUAL ☐ BIENNIAL	☐ IRS 2290 ATTACHED ☐ EXEMPT		
IS THE CARRIER RESPONSIBLE FOR SAFE OPERATION EXPECTED TO CHANGE DURING THE REGISTRATION PERIOD? ☐ YES ☐ NO		TAX ID ASSOC. WITH DOT NO.	☐ DUAL REGIST. REQUESTED CURR REG. IN _____

PRISM ☐ SUBJECT TO ☐ EXEMPT Must Certify below*

* I certify under penalty of perjury that I am the owner of the vehicle listed above; AND the vehicle does not require a USDOT number.

Owner's Printed Name	Owner's Signature	Date

OTHER INFORMATION

LIENHOLDER NAME (If vehicle is paid in full – write "NONE")

LIENHOLDER ADDRESS: (PO Box or Street Address) CITY / STATE / ZIP CODE

DO YOU WISH TO DONATE $1 OR MORE TO SUPPORT THE ORGAN AND TISSUE DONATION PROGRAM? ☐ YES ☐ NO AMOUNT $ _____

Personalized Plate Transfer
☐ I would like to transfer my personalize plate to this vehicle
Plate #: ☐ ☐ ☐ ☐ ☐ ☐

AFFIDAVIT

I certify under penalty of law there is a liability insurance policy for this vehicle if required by AS 28.22.011 and this policy will be maintained during the entire registration period. The address shown is my true legal address and the vehicle will be operated on Alaska roadways. If this is a commercial vehicle, I am familiar with and have knowledge of the Federal Motor Carrier Safety Regulations 49 CFR, Hazardous Materials Regulations and applicable requirements.
I certify under penalty of perjury that all information is true and correct. False statements are punishable under AS 11.56.210.

X _____ SIGNATURE OF OWNER / AGENT (INCLUDE TITLE) ____/____/____ DATE

X _____ SIGNATURE OF OWNER / AGENT (INCLUDE TITLE) ____/____/____ DATE

DMV USE ONLY
DOCUMENTS ACCEPTED
CLASS CODE: _____
BATCH NO: _____
DATE: _____
AMVC: _____