

## VEHICLE TRANSACTION APPLICATION

<b>APPLICATION TYPE</b>	<b>TITLE</b> <input type="checkbox"/> CHANGE OF OWNERSHIP <input type="checkbox"/> REPLACEMENT TITLE <input type="checkbox"/> CORRECTION / ADD OR REMOVE LIENHOLDER	<b>REGISTRATION</b> <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LOST TAB <input type="checkbox"/> LOST PLATE <input type="checkbox"/> OTHER _____ <b>I AM ALSO APPLYING FOR AN EXEMPTION:</b> <input type="checkbox"/> SENIOR (65+) <input type="checkbox"/> MILITARY <input type="checkbox"/> GUARD <input type="checkbox"/> DISABILITY <input type="checkbox"/> CHARITABLE/GOVERNMENT <input type="checkbox"/> PERMANENT REGISTRATION (I LIVE IN AN ELIGIBLE AREA) <input type="checkbox"/> OTHER _____
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<b>VEHICLE INFORMATION</b>	SERIAL NUMBER (VIN)		SECONDARY SERIAL NUMBER (VIN)		
	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	ODOMETER (MILES)	WEIGHT	<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATED	IS VEHICLE USED COMMERCIALY <input type="checkbox"/> YES <input type="checkbox"/> NO	AK LICENSE PLATE # <input type="checkbox"/> NEW PLATES REQUESTED

<b>OWNER INFORMATION</b>	FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME		SUFFIX
	DRIVER LICENSE #	STATE	DATE OF BIRTH		ORGAN DONOR <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NO.	
	COMPANY OR TRUST NAME (If applicable)				TAXPAYER ID NO.	Are you an Alaska Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

<b>CO-OWNER INFORMATION</b>	FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME		SUFFIX
	DRIVER LICENSE #	STATE	DATE OF BIRTH		ORGAN DONOR <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NO.	
	LEASING COMPANY, COMPANY, OR TRUST (If applicable)				TAXPAYER ID NUMBER	Are you an Alaska Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>CONTACT INFORMATION</b>	OWNER MAILING ADDRESS			CITY	STATE	ZIP
	OWNER RESIDENCE ADDRESS			CITY	STATE	ZIP
	EMAIL ADDRESS			PHONE #	I WANT TO RECEIVE NOTIFICATIONS BY: <input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> E-MAIL	
	LEASING COMPANY MAILING ADDRESS			CITY	STATE	ZIP

<b>COMMERCIAL</b>	<b>COMMERCIAL VEHICLES, LEASED VEHICLES, VEHICLES OWNED BY A COMPANY, OR VEHICLES WEIGHING MORE THAN 10,000 POUNDS</b>					
	DURATION OF REGISTRATION <input type="checkbox"/> ANNUAL <input type="checkbox"/> BIENNIAL		Heavy Vehicle Use Tax Declaration <input type="checkbox"/> IRS 2290 ATTACHED <input type="checkbox"/> EXEMPT		DOT NO.	NO. OF AXLES
	IS THE CARRIER RESPONSIBLE FOR SAFE OPERATION EXPECTED TO CHANGE DURING THE REGISTRATION PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO			TAX ID ASSOC. WITH DOT NO.		<input type="checkbox"/> DUAL REGIST. REQUESTED CURR REG. IN _____
	PRISM <input type="checkbox"/> SUBJECT TO <input type="checkbox"/> 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	

<b>OTHER INFORMATION</b>	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? <input type="checkbox"/> YES <input type="checkbox"/> NO		Personalized Plate Transfer <input type="checkbox"/> I would like to transfer my personalize plate to this vehicle Plate #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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 Federal/state CMV safety laws and regulations. I certify under penalty of perjury that all information is true and correct. False statements are punishable under AS 11.56.210.		<b>DMV USE ONLY</b>
_____ SIGNATURE OF OWNER / AGENT (INCLUDE TITLE)		DOCUMENTS ACCEPTED
_____ SIGNATURE OF OWNER / AGENT (INCLUDE TITLE)		CLASS CODE: _____
_____ DATE		BATCH NO: _____
_____ DATE		DATE: _____
		AMVC: _____