false statement ma resul in fines and/or im risonment.

Reassignment Form, Control No., (If applicable) ANY ALTERATIONS OR ERASURE WILL VOID THIS CERTIFICATE OF TITLE AND IT MUST THEN BE SURRENDERED TO SECURE A REPLACEME

PURCHASER MUST SECURE A NEW TITLE, OR SURRENDER THIS ONE TO DMV WITHIN 30 DAYS OF SALE DATE.

VSA3L REV. (11/23)

g#

PLATE TYPE

PLATE NO.

EXPIRE DATE

ISSUED

TITLE NUMBER

DMV USE ONLY

CLERK INITIALS

B — DEALER REASSIGNMENT

I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____

Buyer(s) Printed Name _____ Buyer(s) Signature _____

Buyer(s) Address _____ City _____ State _____ Zip Code _____

ODOMETER READING (No Tenths) — I certify to the best of my knowledge that the odometer reading is:
☐ ACTUAL Mileage ☐ NOT ACTUAL Mileage (odometer discrepancy) ☐ IN EXCESS of Mechanical Limits
☐ Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

Dealer(s) Signature	Dealer(s) Printed Name	Dealer Number	Licensing Jurisdiction

The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.

C — DEALER REASSIGNMENT

I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____

Buyer(s) Printed Name _____ Buyer(s) Signature _____

Buyer(s) Address _____ City _____ State _____ Zip Code _____

ODOMETER READING (No Tenths) — I certify to the best of my knowledge that the odometer reading is:
☐ ACTUAL Mileage ☐ NOT ACTUAL Mileage (odometer discrepancy) ☐ IN EXCESS of Mechanical Limits
☐ Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

Dealer(s) Signature	Dealer(s) Printed Name	Dealer Number	Licensing Jurisdiction

The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.

D — DEALER REASSIGNMENT

I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____

Buyer(s) Printed Name _____ Buyer(s) Signature _____

Buyer(s) Address _____ City _____ State _____ Zip Code _____

ODOMETER READING (No Tenths) — I certify to the best of my knowledge that the odometer reading is:
☐ ACTUAL Mileage ☐ NOT ACTUAL Mileage (odometer discrepancy) ☐ IN EXCESS of Mechanical Limits
☐ Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)

Dealer(s) Signature	Dealer(s) Printed Name	Dealer Number	Licensing Jurisdiction

The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.

E — PERSONAL PROPERTY TAX RELIEF

DOES YOUR VEHICLE QUALIFY FOR CAR TAX RELIEF?

If you can answer YES to any of the following questions, your motor vehicle is considered by State Law to have a business use and does NOT qualify for Personal Property Tax Relief.

- Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer?
- Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for Federal Income Tax purposes?
- Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code?
- If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?

This vehicle is for ☐ Personal Use ☐ Business Use Check one of the boxes. See business use criteria above.

F — LIEN INF.

WITH LIEN ☐ YES ☐ NO

LIENOR'S NAME LIENOR CODE DATE OF LIEN

ADDRESS CITY STATE ZIP

G

VEHICLE COLOR: _____ REGISTRATION PERIOD: ☐ 1 YR ☐ 2 YRS ($2 discount) ☐ 3 YRS ($3 discount) (Emissions areas not eligible for 3 YR registration)

APPLICATION FOR REGISTRATION (LICENSE PLATES ISSUED)

INSURANCE CERTIFICATION: A vehicle must be insured with liability coverage when it is registered, and it must remain insured while registered, whether or not it is operated. Penalties are severe for violation of this requirement.

Certify that (check):

☐ This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated.
Provide name of insurance company _____

POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA: Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.

PRIVACY NOTICE: The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.

H — CERTIFICATION OF BUYER

NO PAPER TITLE - Check this box ☐ if you do not want a paper title issued to you. An electronic Certificate of Title will remain on the file for this vehicle at DMV.

If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co-owner? ☐ YES ☐ NO

Are any of the vehicle owners on active military duty or service? ☐ YES ☐ NO

I/We certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge. I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.

SIGNATURE OF APPLICANT DATE

SOCIAL SECURITY NUMBER/FEIN OR CUSTOMER IDENTIFIER OF APPLICANT PHONE NUMBER ( )

STREET ADDRESS

CITY STATE ZIP

Proof of Address (specify proof document presented)

EMAIL ADDRESS OF APPLICANT

SIGNATURE OF CO-APPLICANT DATE

SOCIAL SECURITY NUMBER/FEIN OR CUSTOMER IDENTIFIER OF CO-APPLICANT PHONE NUMBER ( )

EMAIL ADDRESS OF CO-APPLICANT

VEHICLE PRINCIPALLY GARAGED IN CITY, TOWN, COUNTY OR STATE OF
☐ CITY OR TOWN OF _____ ☐ COUNTY OF _____

DMV USE ONLY

SALE PRICE $ _____ BEFORE TRADE IN ALLOWANCE

TAX $ _____ (MINIMUM TAX MAY APPLY)

TITLE FEE $ _____

TRANSFER FEE $ _____

REG FEE $ _____

WT INCREASE FEE $ _____

PERSONALIZED PLATE FEE $ _____

UMV FEE $ _____

OTHER $ _____

TOTAL $ _____