



Process Date
07/22/2026

Transaction Id
155000609

Titling State
VA

Military
N



**3TMCZ5AN5MM436680 2021 TOYOTA
Used Truck**

Vehicle Info

Model: Tacoma
Body Type: PICKUP (PK)
GVW: 6000
Fuel Type: Gas
Odometer Reading: 61890

Sale Information

Purchase Date: 07/11/2026
Sale Type: Purchase
Taxable Selling Price: 36,990.00
MSRP:
List Price:
Trade in Value:

Owner Info

Owner 1 Name: Max Craighead
Owner 2 Name:
Registered Address: 1103 Palmer Dr, Blacksburg, Montgomery,
VA, 24060
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name:
Address:
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

Registration Information

Application Type: Title & Registration
Registration Action: New Registration
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to: Craighead Max
Phone: (803)807-0309
Mailing Address: 1103 Palmer Dr, Blacksburg, Montgomery,
VA, 24060

Fee Summary

VA SALES TAX (4.15%)	\$1,535.09
TITLE FEE	\$15.00
REGISTRATION FEE	\$35.75
VITU FULL SERVICE FEE	\$135.00
VA STATE VARIABLE FEES	\$0.00
Total	\$1,720.84

Submitted By: Gionni Campitelli
Phone: (602)574-1310
Location: Carvana Processing
Address: 1305 W 1st Street, Tempe, Maricopa, AZ,
85281

For Vitu use
Pre-Checker Name
Comments / Resolution:

For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!

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VIRGINIA MOTOR VEHICLE REGISTRATION

VSA-0 (REV 07/12)

Title Number 2829005033	Veh. Identification Number (VIN) 3TMCZ5AN5MM436680		Date Issued 07/31/26		Plate Number SUA6270	Plate Type PAVL	Sticker	Expiration Date 07/31/27	
Vehicle Make TOYOTA	Model TACOMA	Body PICKUP	Year 2021		Color	Fuel GAS	Vehicle Use PRIVATE	Axles 2	
Purchase Date 07/11/26	Odometer at Titling 61890 ACTUAL	Lien at Reg N	EW 4425	GW 6000	GVWR 6000	GCWR	Unit #		

CRAIGHEAD, MAX PORTER
1103 PALMER DR
BLACKSBURG VA 24060-5658

CMA 389
389LAR

TOWN OF BLACKSBURG



This card must be carried in the motor vehicle when in operation but does not permit holder to operate a motor vehicle.



VSA-0 (REV 07/12)

Virginia law requires you to notify DMV if you sell, trade or dispose of your vehicle or if you change your address.

If Your Vehicle Has Been Sold, Traded or Disposed of:

SOLD/TRADED/DISPOSED OF DATE	VEHICLE WAS SOLD/TRADED/DISPOSED OF: ☐ IN VIRGINIA ☐ OUT OF STATE (enter state name) _____
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Mail this entire registration card to DMV, Attention: Data Integrity, P.O. Box 27412, Richmond, Virginia 23269-0001

If You Are Changing Your Address - use one of the following methods to notify DMV:

- Visit the DMV website at www.dmvNOW.com, select Address Change and complete the online transaction.
- Visit the DMV website at www.dmvNOW.com, select Forms and Publications - form ISD-01, Address Change Request. Complete form and send to DMV, Attention: Data Integrity, P.O. Box 27412, Richmond, Virginia 23269-0001
- Call us at 1-804-497-7100 and a customer service representative will assist you.

After your address change request is processed, all DMV mail addressed to you, including vehicle registration renewal and driver's license renewal notices, will be sent to your new address.

If you change your residence/home address or mailing address to a non-Virginia address your driver's license or your photo ID card may be cancelled.

DMV verifies insurance coverage of all registered vehicles. If you cancel your insurance, notify DMV and return the license plates. If you do not notify DMV, your driver's license will be suspended and all of your vehicle license plates will be cancelled.



Virginia Department of Motor Vehicles
P.O. Box 27412 Richmond, Va. 23269-0001

Date: 7/31/2026

Receipt#: 38921200282

Customer Copy

Received of: CRAIGHEAD, MAX, PORTER
1103 PALMER DR
BLACKSBURG, VA 240605658

The Amount due Of \$1,591.59 In Payment For Original Title

TITLE FEES.....	\$15.00	Amt Due:	\$1,591.59
SALES & USE TAX.....	\$1,576.59	Amt Paid	
		Cash:	\$1,591.59

By: _____
(Authorized Signature)

Teller: 389LAR
Log#: 00282
Date Paid: 07/31/26
Location: GOOCHLAND SELECT
Settlement #: 3896211004
Customer #: A63058890

Title #: 2829005033
VIN: 3TMCZ5AN5MM436680

Acknowledgement of Monies Received

For information available to Virginia veterans, review the Virginia Veterans Resource Guide developed by the Department of Veterans Services on their website at www.dvs.virginia.gov



Virginia Department of Motor Vehicles
P.O. Box 27412 Richmond, Va. 23269-0001

Date: 7/31/2026

Receipt#: 38921200283

Customer Copy

Received of: CRAIGHEAD, MAX, PORTER
1103 PALMER DR
BLACKSBURG, VA 240605658

The Amount due Of \$35.75 In Payment For Original Registration

REGISTRATION FEE.....	\$35.75	Amt Due:	\$35.75
		Amt Paid	
		Cash:	\$35.75

If you have an E-ZPass, be sure to update the license plate number on your account at ezpassva.com or call 1-877-762-7824.

By: _____
(Authorized Signature)

Teller: 389LAR
Log#: 00283
Date Paid: 07/31/26
Location: GOOCHLAND SELECT
Settlement #: 3896211004
Customer #: A63058890

Title #: 2829005033
Plate #: SUA6270
VIN: 3TMCZ5AN5MM436680
Decal: July 7153306
Decal: 2027 4523655

Acknowledgement of Monies Received

For information available to Virginia veterans, review the Virginia Veterans Resource Guide developed by the Department of Veterans Services on their website at www.dvs.virginia.gov

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

THE DEPARTMENT OF MOTOR VEHICLES, COMMONWEALTH OF VIRGINIA, HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH, THAT THE APPLICANT NAMED ON THE FACE HEREON HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE, AND THAT, FROM THE STATEMENTS OF THE OWNER AND THE RECORDS ON FILE WITH THIS DEPARTMENT, THE HEREON DESCRIBED VEHICLE IS SUBJECT TO THE SECURITY INTEREST RECORDS ON FILE WITH THIS DEPARTMENT, AND AS DESCRIBED HEREON, IF ANY. THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH ALSO PROVIDE THAT ALL TITLE AND REGISTRATION INFORMATION IN THE OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES IS PRIVILEGED AND ONLY SUBJECT TO DISSEMINATION TO AUTHORIZED AGENCIES, BUSINESS ORGANIZATIONS OR AGENTS, GOVERNMENTAL ENTITIES AND INDIVIDUALS UNDER THE CONDITIONS SPECIFIED BY MOTOR VEHICLE CODE SECTIONS 46.2-208, 46.2-209 AND 46.2-210.

ESTABLISHED 07/31/26 389 389LAR ORIGINAL

VEHICLE IDENTIFICATION NO.		YEAR	MAKE	VEHICLE BODY	TITLE NO.
3TMCZ5AN5MM436680		2021	TOYOTA	PICKUP	2829005033
EMPTY WGT.	GROSS WGT.	GWR	GCWR	AXLES	FUEL
4425	6000	6000		2	GAS
SALES TAX PAID		ODOMETER		DATE ISSUED	
1576.59		61890		07/31/26	
OTHER PERTINENT DATA			ODOMETER BRAND		PRIOR TITLE NO.
OS			ACTUAL		

Name(s) and address(es) of vehicle owners:
 CRAIGHEAD, MAX PORTER
 1103 PALMER DR
 BLACKSBURG VA 24060-5658

THIS IS NOT A TITLE NUMBER
 G56471497

NO LIENS



A Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following (printed name and address of Buyer(s)).

Buyer(s) Name _____ City, State, Zip _____

Street _____

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)

DATE OF SALE _____

SALE PRICE _____

ODOMETER READING (No Tenths) _____

Signature of Seller(s) _____ Printed Name of Seller(s) _____

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

I am aware of the above odometer certification made by the Seller(s)

I am aware of the above odometer certification made by the Seller(s)

Seller warrants this certificate of title except that at the time of transfer it may be subject to lien: See section F.

Dealer's No. _____ Licensing Jurisdiction _____

VOID IF ALTERED

DEALER REASSIGNMENT		DEALER REASSIGNMENT		DEALER REASSIGNMENT		PERSONAL PROPERTY TAX RELIEF		LIEN INFO		APPLICATION FOR REGISTRATION (LICENSE PLATES ISSUED)		CERTIFICATION OF BUYER			
B 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 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 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 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 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) 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 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 \$ _____	