vitu

Cover Sheet - VA

Process Date	Transaction Id
10/01/2026	187702730
Titling State	**Military**
VA	N

JTDAAAAFXS3034510 2025 TOYOTA
Used Passenger

Vehicle Info

Model: Crown
Body Type: SDN (SD)
GVW: 6000
Fuel Type: Other
Odometer Reading: 34864

Sale Information

Purchase Date: 09/21/2026
Sale Type: Purchase
Taxable Selling Price: 32,990.00
MSRP:
List Price:
Trade in Value:

Owner Info

Owner 1 Name: Azam Shabbir
Owner 2 Name:
Residence Address: 24025 Bishop Meade Pl, Ashburn, Loudoun, VA, 20148
Lessor Name:
Address:

Lienholder Info

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

Registration Information

Application Type: Title Only
Registration Action:
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to: Shabbir Azam
Phone: (202)604-1272
Mailing Address: 24025 Bishop Meade Pl, Ashburn, Loudoun, VA, 20148

Fee Summary

VA SALES TAX (4.15%)	$1,369.09
TITLE FEE	$15.00
VITU FULL SERVICE FEE	$135.00
VA STATE VARIABLE FEES	$.00
Total	**$1,519.09**

Submitted By: Anya White
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 Department of Motor Vehicles
P.O. Box 27412 Richmond, Va. 23269-0001

Date: 10/8/2026

Receipt#: 38928100179

Customer Copy

Received of: SHABBIR,AZAM,MUHAMMAD
24025 BISHOP MEADE PL
ASHBURN, VA 201481710

The Amount due Of $1,384.09 In Payment For Original Title

TITLE FEES.....	$15.00	Amt Due:	$1,384.09
SALES & USE TAX.....	$1,369.09	Amt Paid Cash:	$1,384.09

By:_____
(Authorized Signature)

Teller:	389MAC
Log#:	00179
Date Paid:	10/08/26
Location:	GOOCHLAND SELECT
Settlement #:	3896281004
Customer #:	B66064969
Title #:	2826909033
VIN:	JTDAAAAFXS3034510

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 10/08/26 389 389MAC ORIGINAL

VEHICLE IDENTIFICATION NO	YEAR	MAKE	VEHICLE BODY	TITLE NO
JTDAAAAFXS3034510	2025	TOYOTA	4D SDN	2826909033

EMPTY WGT	GROSS WGT	GVWR	GCWR	AXLES	FUEL	SALES TAX PAID	ODOMETER	DATE ISSUED
4210				2	HYBR	1369.09	*34864*	10/08/26

OTHER PERTINENT DATA	ODOMETER BRAND	PRIOR TITLE NO
OS	ACTUAL	

Name(s) and address(es) of vehicle owners:
SHABBIR,AZAM MUHAMMAD
24025 BISHOP MEADE PL
ASHBURN VA 20148-1710

THIS IS NOT A TITLE NUMBER
G56927856

NO LIENS

VOID IF ALTERED

VOID IF ALTERED

A

• ASSIGNMENT OF TITLE BY OWNER •
• NOTIFY DMV WHEN VEHICLE IS SOLD •

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 _____

Street _____ City, State, Zip _____

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)

DATE OF SALE _____

SALE PRICE _____

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 _____

VSA3L

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 REPLACEMENT.

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

VSA3L REV. (11/23)

Log# _____ PLATE TYPE _____ PLATE NO. _____ EXPIRE DATE _____ ISSUED _____ TITLE NUMBER _____ DMV USE ONLY _____ CLERK INITIALS _____

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete the odometer disclosure statement or providing a false statement may result in fines and/or imprisonment.

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 — **APPLICATION FOR REGISTRATION (LICENSE PLATES ISSUED)**

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 — **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 $ _____