

	STATEMENT OF FACTS			
Complete the appropriate section(s) in full (including vehicle description) and sign Section H.				
LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE		
A. STATEMENT FOR USE TAX EX	EMPTION			
This transfer is exempt from use tax				
	nt, child, grandparent, grandchild, spouse, o	domestic partner, or siblings (if both are		
\square Addition or deletion of family member	(spouse, domestic partner, parent[s], son/c	daughter, grandparents, grandchildren).		
\Box Gift (does not include vehicles traded	between individuals, transfer of contracts	or other valuable consideration).		
□ Court Order □ Inheritance)			
	ot be claimed if the vehicle/vessel being who is engaged in the business of sellin			
The current market value is: \$	·			
B. STATEMENT FOR SMOG EXEM	IPTION			
 The last smog certification was obta It is powered by: electricity It is located outside the State of Cal It is being transferred from/between The parent, grandparent, child, Family Code §297) of the transf A sole proprietorship to the prop Companies whose principal bus Lessor and lessee of vehicle, ar 	☐ diesel ☐ Other	estic partner (as defined in ge in lessee or operator.* ne vehicle.*		
C. STATEMENT FOR TRANSFER				
This vehicle has not been used or particular terms of the second	rked on a street or highway or off-highw	ay. I am applying for a:		
highway to cause registration fees to be	It has not been driven, moved, towed, o ecome due. It was not transported over an ees to become due. Appropriate registratic	y California public highway or operated		

D. WINDOW DECAL FOR WHEELCHAIR LIFT OR WHEELCHAIR CARRIER

Enter your Disabled Person License Plate, or Disabled Veteran License Plate, or Permanent Disabled Person Parking Placard number below:

DISABLED PERSON PLATE	DISABLED VETERAN PLATE	PERMANENT DISABLED PERSON PL	ACARD		
The vehicle to which my Window Decal will be affixed is:					
LICENSE NUMBER	VEHICLE MAKE	VEHICLE ID NUMBER			
Mail to:					
NAME					
ADDRESS					
CITY		STATE	ZIP		

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LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE
LICENSE PLATE/OF NUMBER	VEHICLE/VESSEL ID NOMBER	TEARIMANE
E. STATEMENT FOR VEHICLE BC	DY CHANGE (OWNERSHIP	CERTIFICATE REQUIRED)
The current market value of the vehic	le or vessel is: \$	
Changes were made at a cost of \$	on this date	·
This is what I changed: Check all that	t apply:	
Unladen Weight changed because	(Public Wei	ighmaster Certificate is required. Exception: Trailers
Motive Power changed from Body Type changed from	to	·
 Body Type changed from Number of Axles changed from 	to	·
_		
Please print		
	and	are one and the same person.
Introduction of the second		
□ I am changing my name from		to
G. STATEMENT OF FACTS		
I, the undersigned, state:		
H. APPLICANT'S SIGNATURE		
	perjury under the laws of the	State of California that the foregoing is true and
CORRECT.	T NAME MIDDLE N	IAME DAYTIME PHONE NUMBER
		()
SIGNATURE		DATE

<u>X</u>_____