

A Public Service Agency

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 EXEMPTION	N		
 This transfer is exempt from use tax because Family transfer sold between a parent minors related by blood or adoption). Addition or deletion of family member (s Gift (does not include vehicles traded be Court Order 	, child, grandparent, grandchild, spouse, pouse, domestic partner, parent[s], son/dau	ghter, grandparents, grandchildren).	
	s engaged in the business of selling the sam	-	
The current market value is: \$	·		
B. STATEMENT FOR SMOG EXEMPTION			
 A sole proprietorship to the propriet Companies whose principal busine Lessor and lessee of vehicle, and no 	d within the last 90 days. diesel Dother nia. (Exception: Nevada and Mexico) ndchild, brother, sister, spouse, or domestic etor as owner.* ss is leasing vehicles. There is no change in o change in the lessee or operator of the vel ssee's operator of the vehicle for at least on ered owner(s).*	lessee or operator.* nicle.*	
C. STATEMENT FOR TRANSFER ONLY OR	TITLE ONLY		
This vehicle has not been used or parked on Transfer Only Title Only The vehicle is not currently registered. I highway to cause registration fees to been within California to ensure off highway for	t has not been driven, moved, towed, c come due. It was not transported over a	or left standing on any California public ny California public highway or operated	
within California to cause off-highway fee operated.	es to become due. Appropriate registrati	on will be obtained before the vehicle is	
D. WINDOW DECAL FOR WHEELCHAIR L	IFT 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 PLACARD	
The vehicle to which my Window Decal will	be affixed is:		
LICENSE NUMBER	VEHICLE MAKE	VEHICLE ID NUMBER	
NAME			
ADDRESS			
		STATE ZIP	

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LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAK	E
E. STATEMENT FOR VEHICLE BODY CHA	NGE (OWNERSHIP CERTIFICATE REQU	RED)	
The current market value of the vehicle or ve			
Changes were made at a cost of \$	on this date	·	
This is what I changed: Check all that apply: Unladen Weight changed because Motive Power changed from Body Type changed from Number of Axles changed from	(Public Weighma to to	ter Certificate is required.	Exception: Trailers)
F. STATEMENT FOR NAME CHANGE OR G	CORRECTION (OWNERSHIP CERTIFICAT	e required)	
Please print			
□ I,	_and	are one and the same	person.
□ My name is misspelled. Please correct	it to:		
\Box I am changing my name from		to	
G. STATEMENT OF FACTS			
H. APPLICANT'S SIGNATURE I certify (or declare) under penalty of p	erjury under the laws of the State	of California that the for	egoing is true and
CORRECT. PRINTED LAST NAME FIRST NAME	AME MIDDLE NAME	DAYTIME PHONE NUMBE	R
SIGNATURE		DATE	

SIGNATURE	
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UNION L