Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle Title Application

Vehicle – *Please type or print plainly*

☐ Lease ☐ Plate transfer: number _____ ☐ Title purposes only

Permit number

Vehicle identification number (VIN)	Condition ☐ New ☐ Used	Vehicle type Choose one	Primary use type	Fuel type Choose one
Model year / Make	Model / Trim		Body style	Motorcycle style Choose one
GV weight rating Choose one / Scale wt / Gross weight	Mo GWT / Seats / Trl axles	Color #1 Choose one	Color #2 Choose one	Equip number / Purchase price
Wheels / Rental number / Fleet / Engine (MC)	Motor home/Cycle/WATV eng serial no / Length / Width	Quick title ☐ Yes ☐ No	Discover pass ☐ Yes ☐ No	Park donation ☐ Yes ☐ No

Registered owner – For additional owners, see Vehicle Title Application Additional Owners, form 420-001A. Washington primary residence street address or Washington principal place of business street address is required on the vehicle record. For exceptions, see Primary Residence Address Exception, form 420-004.

1	Owner type Choose one	ID type	Driver license/ID/TIN/EIN/UBI no	Expiration date	Phone type Choose one	(Area code) Phone number

Registered owner full name ***(Last, First, Middle, Suffix)*** or Business name

Washington primary residence address *(if an individual)* or Washington principal place of business address *(if a business)*

Mailing address, if different than residence address *(Street address or PO Box, City, State, ZIP code)* or exception address

One-time mailing address, if applicable

Email address

Paperless renewal option
☐ Notify me by email when it's time to renew my vehicle

2	Owner type Choose one	Ownership – Joint tenants w/right of survivorship **(JTWROS)** ☐ Yes ☐ No	ID type	Driver license/ID/TIN/EIN/UBI no	Expiration date	(Area code) Phone number

Registered owner full name ***(Last, First, Middle, Suffix)*** or Business name

Legal owner/Lienholder* – Fill out if different than registered owner. For additional legal owner/lienholders, see Vehicle Title Application Additional Owners, form 420-001A. *Approved lienholder may be added by selling dealer at a later time.

Name of legal owner/lienholder *(Last, First, Middle initial or Business name)*

Legal owner/Lienholder type Choose one	ID type	Driver license/ID/TIN/EIN/UBI number	Expiration date	**ELT participant** ☐ Yes ☐ No

Mailing address *(Street address or PO Box, City, State, ZIP code)*

Dealer

Dealer type Choose one	Dealer no	Dealer name	Sale date	Delivery date	Vehicle status ☐ New ☐ Used ☐ Prev titled

I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.

Dealer authorized signature
X **Dealer signs here**

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X **Registered owner 1: Print completed form and sign here. Include title if business.**
Signature of registered owner — Title, if signing for business

Enter date and place (city or county) signed
Date and place (city or county) signed

X **Registered owner 2: Sign here, include title if business**
Signature of registered owner — Title, if signing for business

Enter date and place (city or county) signed
Date and place (city or county) signed

Notarization/Certification – You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.

State of _____ County of _____

Signed or attested before me on _____ by _____
Name of person(s) signing this document

(Seal or stamp)

_____
Notary/Agent/Subagent signature

_____
Notary printed or stamped name

Title _____ and _____
Dealer or county/office number or notary expiration date