

REG 343 (REV. 2/2012) WWW

APPLICATION FOR TITLE OR REGISTRATION

FOR ACCURACY, PLEASE PRINT LEGIBLY. COMPLETE BOTH SIDES.

SECTION 1 — VEHICLE INFO	RMATION						
VEHICLE IDENTIFICATION NUMBER				VEHICLE MAKE		YEAR MODEL	FUEL TYPE
CALIFORNIA LICENSE NUMBER	MODEL OR SERIES	BODY TYPE MODEL		MOTORCYCLE I	ENGINE NUME	BER	
TYPE OF VEHICLE (CHECK ONE BOX) Auto Commercial (includes truck or pickup)	Motorcycle Off H	lighway \Box T	railer Coach	FOR TRAILER C			IN.
Will this vehicle be used for the translist his a commercial vehicle that op 11,499 lbs. Gross Vehicle Weight Ra	erates at 10,001 lbs. or ating (GVWR)?	more (or is a pic	kup exceeding 8	3,001 lbs. un	laden and	/or	☐ Yes ☐ N
	eclaration of Gross Vehic otor Carrier Permit may	cle Weight/Comb be required. Refe	oined Gross Veh er to www. dmv .	icle Weight (.ca.gov for n	(REG 4008 more inforr	8) form must mation.	be completed.
Number of axles:	Unladen weight:		Actual Estimated (Vehi	cles over 10	,001 lbs. o	nly)	
SECTION 2 — OWNER INFOR	MATION Each own	ner must sign (on reverse sid	le.			
Once registered, upon transfer of or the signature of only one owner.	wnership, co-owners joi	ned by "AND" red	quire the signatu	ire of each o	owner; co-	owners joine	d by "OR" requir
TRUE FULL NAME OF OWNER (LAST, FIRST MIDD	LE, SUFFIX), BUSINESS NAME, O	PR LESSOR		DRIVER LICENS	SE/ID CARD N	UMBER	STATE
TRUE FULL NAME OF CO-OWNER OR LESSEE (LAND OR	AST, FIRST, MIDDLE, SUFFIX)			DRIVER LICENS	SE/ID CARD NU		STATE
TRUE FULL NAME OF CO-OWNER OR LESSEE (L AND OR	AST, FIRST, MIDDLE, SUFFIX)			DRIVER LICENS	SE/ID CARD N	UMBER	STATE
PHYSICAL RESIDENCE OR BUSINESS ADDRESS	(INCLUDE ST., AVE., CT., ETC.)	APT./SPACE/STE. NO.	CITY			STATE	ZIP CODE
COUNTY OF RESIDENCE OR COUNTY WHERE VI	EHICLE/VESSEL IS PRINCIPALLY	GARAGED		EQUIPMENT NU	UMBER (OPTIC	DNAL)	
MAILING ADDRESS (IF DIFFERENT FROM PHYSIC	CAL ADDRESS ABOVE)	APT./SPACE/STE. NO.	CITY	1		STATE	ZIP CODE
LESSEE ADDRESS (IF DIFFERENT FROM ABOVE)		APT./SPACE/STE. NO.	CITY			STATE	ZIP CODE
TRAILER COACH ONLY - ADDRESS WHERE LOCA	ATED (IF DIFFERENT FROM PHYS	CICAL ABOVE)	CITY			STATE	ZIP CODE
SECTION 3 — LEGAL OWNER	R (LIEN HOLDER/TIT	LE HOLDER)	If None, mu	st write "N	one".		
Attention ELT Legal Owners: The El	LT name and address a	nd ELT number	MUST be entere	ed exactly as	s shown or	n the ELT lis	ting.
TRUE FULL NAME OF BANK/FINANCE COMPANY	OR INDIVIDUAL (DO NOT RE-ENT	TER NAME OF NEW REC	GISTERED OWNER(S)		ELECTRONIC ELT	LIENHOLDER ID	NO.
PHYSICAL RESIDENCE OR BUSINESS ADDRESS	(INCLUDE ST., AVE., CT., ETC.)	APT./SPACE/STE. NO.	CITY			STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM PHYSIC	CAL ADDRESS ABOVE)	APT./SPACE/STE. NO.	CITY			STATE	ZIP CODE
SECTION 4 — ODOMETER IN	FORMATION						
	te of purchase in Califor s date is (if no change in flects the ACTUAL miles	n ownership)	of the following s	, , , , , , , , , , , , , , , , , , ,	10 ths	(no tenths) miles,	If kilometers check this box: [
	WARNING	G — ODOMETE	R DISCREPAN	CY			
Odometer reading is NOT the ac	ctual mileage	_ I	Mileage EXCEE	DS the odor	meter mec	hanical limit	s

MUST COMPLETE VEHICLE INFORMATION	ON BELOW:						
VEHICLE IDENTIFICATION NUMBER		V	EHICLE MAKE	YEAR MODEL			
SECTION 5 — DATE INFORMATION							
DATE VEHICLE ENTERED OR WILL ENTER CALIFORNIA (CA):		If vehicle was pro	eviously registered in	CA, then registered or located			
Month Pay Yea	ar	out-of-state and h	nas now returned to CA	A, enter most recent date vehicle at time of entry, check this box:			
DATE VEHICLE FIRST OPERATED IN CALIFORNIA:		Or enter date ve	ehicle will be operate	ed, if it has not been operated			
Month Day Yea		yet.	d-i-l				
	·	since birth, ente		rst. If you have been a resident I are not a CA resident, check			
Month Day Yea	ar	this box:	X): AND V	VAS PURCHASED (CHECK BOX):			
Month Day Yea		· ·	·	nside CA			
SECTION 6 — COST INFORMATION							
NOTE: The total cost or value of the vehicle equipment permanently attached. Cost does not be a cost of the vehicle equipment permanently attached.				nd all accessories and leased			
MUST CHECK ONE BOX ONLY, AND ENTER REQUIRED INFORMA		e, illiance charge		CHASED OR ACQUIRED FROM:			
☐ PURCHASE – I purchased the vehicle for the	ne price of \$		☐ Dealer ☐	Private Party \square Dismantler			
GIFT – I acquired the vehicle as a gift. Its co							
A Statement of Facts (REG 256) form must ☐ TRADE – I acquired the vehicle as a trade.	-	vae \$	Relationshi	p:			
FOR ALL VEHICLES:	·						
Since purchasing or acquiring this vehicle, we							
etc.) made to this vehicle? <i>If yes, a Statement of</i> FOR REVIVED JUNK OR REVIVED SALVAGE VEHICLES:	or Construction (REG 5036)	orm must be com	1pietea	res No			
The cost of the vehicle must include the labor	cost, whether or not the labor	r was provided or o	done by you. The tot	al cost of the vehicle including			
labor is \$							
SECTION 7 — FOR OUT-OF-STATE OR	OUT-OF-COUNTRY VEH	ICLES					
For vehicles which enter the state within 1 year	r of purchase, was Sales Tax	paid to another st	tate?	🗆 N/A 🗆 Yes 🗆 No			
				CA). If your vehicle was last			
registered in another state, you may be eligible for	· · · · · · · · · · · · · · · · · · ·						
For commercial vehicles (including pickups), the last state of registration.	nis venicie was last registere	o as a: □ Comm	ierciai venicie 🗀 i	ion-commercial Automobile ir			
DISPOSITION OF OUT-OF-STATE PLATES: The plates will not be affixed to any vehicle at a	any time unless the vehicle i	s "Dual Registered	d" in hoth states. The	nlates are			
Expired, or will be or were:	•	-					
☐ Surrendered to CA DMV ☐ Destroyed ☐ I	Retained Returned to the	motor vehicle dep	artment of the state	of issuance.			
SECTION 8 — MILITARY SERVICE INFO	PRMATION						
Are you or your spouse on active duty as a me If yes, you may qualify for an exemption. Refer				Yes No			
When this vehicle was last licensed, were you	_			Services?			
If yes, in what state or country were you or you			The C.C. Crinorine				
SECTION 9 — CERTIFICATIONS Signa	atures required.						
The signature for a company or business M countersignature on the signature line (e.g., AL)				n authorized representative's			
The registered owner mailing address is valid, address pursuant to CVC §1808.21.	existing, and an accurate ma	ailing address. I co	onsent to receive ser	vice of process at this mailing			
I certify (or declare) under penalty of perjur	y under the laws of the Sta	te of California th	hat the foregoing is	true and correct.			
PRINTED NAME	OWNER'S SIGNATURE		PATE	DAYTIME TELEPHONE NUMBER			
DOINTED NAME	X CO OMNIEDIO CIONATUDE		ATE	DAYTIME TELEPLICATE ALL TARES			
PRINTED NAME	CO-OWNER'S SIGNATURE		PATE	DAYTIME TELEPHONE NUMBER			
PRINTED NAME	CO-OWNER'S SIGNATURE	D	ATE	DAYTIME TELEPHONE NUMBER			
	v			/ \			