



Ownership Statement

Owner Information				Address Information			
Primary Owner's Name (Last, First, Middle Initial)				Street Address			
Secondary Owner's Name (Last, First, Middle Initial)				City		State	ZIP Code
Business Name		FEIN		P.O. Box			
Fleet Number		Unit Number		City		State	ZIP Code
VIN/HIN		Year	Make		Model		
State last registered		License number			Utah Certificate of Title number		

Odometer Disclosure - Required

Enter mileage, no tenths

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- Reflects the actual mileage for this vehicle
- Reflects the amount of mileage in excess of the odometer mechanical limits
- Is not the actual mileage for this vehicle **Warning - Odometer discrepancy**

Name of applicant		Date of vehicle possession
Address (include city, state, and ZIP Code)		

Value of Vehicle

(If the fair market value of the vehicle exceeds \$1,000, a surety bond may be required, not to exceed twice the fair market value of the vehicle.)
 \$ _____

Facts and Indemnification Agreement

Name or company from whom the vehicle was acquired _____

Address (include city, state, and ZIP Code) _____

Explain why outstanding certificate of title was not obtained or why the attached title is not negotiable. Explain in detail how and why you acquired the vehicle, who was involved, when did you acquire the vehicle, working condition of the vehicle, etc.

Warning, Fraudulent application and falsification of documents is a felony under Utah Law.

Under penalties of perjury, I declare that to the best of my knowledge and belief, this statement is true, correct, and complete. I further state that to the best of my knowledge, the vehicle is free and clear of any liens, encumbrances, lawful claims, demands of any person, and is not involved in any existing or pending litigation. I agree to indemnify the Utah State Tax Commission and all persons acting under direction of the Commission, from any and all liability and shall defend all litigation that may arise as a result of the issuance of a certificate of title in my name.

Signature of applicant _____ Date _____

NCIC Check Performed

Yes No TX ID _____ Date _____