

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 EXEM | IPTION | |
| minors related by blood or adoption). Addition or deletion of family member Gift (does not include vehicles traded Court Order Inheritance NOTE: The Use Tax Exemption cannot | t, child, grandparent, grandchild, spouse (spouse, domestic partner, parent[s], sor between individuals, transfer of contract | s or other valuable consideration). ng transferred was purchased from an |
| The current market value is: \$ | · | |
| B. STATEMENT FOR SMOG EXEMP | TION | |
| It is located outside the State of Calif It is being transferred from/between: □ The parent, grandparent, child, g Family Code §297) of the transfe □ A sole proprietorship to the proprious Companies whose principal busi □ Lessor and lessee of vehicle, and | ned within the last 90 days. diesel Other ornia. (Exception: Nevada and Mexico) randchild, brother, sister, spouse, or don ree.* rietor as owner.* ness is leasing vehicles. There is no chaid no change in the lessee or operator of a lessee's operator of the vehicle for at lestered owner(s).* | nestic partner (as defined in nege in lessee or operator.* the vehicle.* |
| C. STATEMENT FOR TRANSFER ON | | |
| highway to cause registration fees to be | It has not been driven, moved, towed, come due. It was not transported over a | way. I am applying for a: or left standing on any California public ny California public highway or operated ion will be obtained before the vehicle is |
| D. WINDOW DECAL FOR WHEELCH | AIR LIFT OR WHEELCHAIR CARRIER | |
| Enter your Disabled Person License Plate number below: | , or Disabled Veteran License Plate, or Pe | rmanent Disabled Person Parking Placard |
| DISABLED PERSON PLATE | DISABLED VETERAN PLATE | PERMANENT DISABLED PERSON PLACARD |
| The vehicle to which my Window Decal was a number | vill be affixed is: | VEHICLE ID NUMBER |
| Mail to: | | |
| | | |
| ADDRESS | | |
| CITY | | STATE ZIP |

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| E. STATEMENT FOR VEHICLE BODY CHANGE (OWNERSHIP CERTIFICATE REQUIRED) | | | |
| The current market value of the vehicle | e or vessel is: \$ | | |
| Changes were made at a cost of \$ | on this date | · | |
| Motive Power changed from | apply: (Public Weighmaster Certi to to to | ficate is required. Exception: Trailers) | |
| F. NAME STATEMENT (OWNERSHIP CERTIFICATE REQUIRED) | | | |
| Please print | | | |
| □ I, | and | are one and the same person. | |
| ☐ My name is misspelled. Please corr | ect it to: | | |
| ☐ I am changing my name from | to | | |
| G. STATEMENT OF FACTS | | | |
| I, the undersigned, state: | | | |
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| H. APPLICANT'S SIGNATURE | | | |
| I certify (or declare) under penalty of parties. | perjury under the laws of the State of Califo | rnıa that the foregoing is true and | |
| PRINTED LAST NAME FIRST | NAME MIDDLE NAME | DAYTIME PHONE NUMBER | |
| SIGNATURE | | DATE | |