

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					
A. STATEMENT FOR USE TAX EXEMPTION This transfer is exempt from use tax because it is a: □ Family transfer sold between a parent, child, grandparent, grandchild, spouse, domestic partner, or siblings (if both are minors related by blood or adoption). □ Addition or deletion of family member (spouse, domestic partner, parent[s], son/daughter, grandparents, grandchildren). □ Gift (does not include vehicles traded between individuals, transfer of contracts or other valuable consideration). □ Court Order □ Inheritance NOTE: The Use Tax Exemption cannot be claimed if the vehicle/vessel being transferred was purchased from an otherwise qualifying relative who is engaged in the business of selling the same type of vehicle/vessel. The current market value is: \$ B. STATEMENT FOR SMOG EXEMPTION The vehicle does not require a smog certification for transfer of ownership because: □ The last smog certification was obtained within the last 90 days. □ It is located outside the State of California. (Exception: Nevada and Mexico) □ It is being transferred from/between: □ The parent, grandparent, child, grandchild, brother, sister, spouse, or domestic partner (as defined in Family Code §297) of the transferee.* □ A sole proprietorship to the proprietor as owner.*					
 Lessor and lessee of vehicle, and Lessor and person who has beer Individual(s) being added as regi * Does not require smog certification unlessed 	ess Biennial Smog is required.	the vehicle.*			
C. STATEMENT FOR TRANSFER ON					
This vehicle has not been used or parl	ked on a street or highway or off-high	way. I am applying for a:			
The vehicle is not currently registered. It has not been driven, moved, towed, or left standing on any California public highway to cause registration fees to become due. It was not transported over any California public highway or operated within California to cause off-highway fees to become due. Appropriate registration will be obtained before the vehicle is operated.					
D. WINDOW DECAL FOR WHEELCH	AIR LIFT 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 w	ill be affixed is:				
LICENSE NUMBER	VEHICLE MAKE	VEHICLE ID NUMBER			
Mail to:					
NAME					
ADDRESS					
СІТҮ		STATE ZIP			

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E. STATEMENT FOR VEHICLE BOD	│ Y CHANGE (OWNERSHIP C	CERTIFICATE REQUIRED)				
The current market value of the vehicle or vessel is: \$						
Changes were made at a cost of \$	on this date	·				
This is what I changed: Check all tha Unladen Weight changed because Motive Power changed from Body Type changed from Number of Axles changed from	(Public W					
F. NAME STATEMENT (OWNERSHI	P CERTIFICATE REQUIRED)))				
Please print						
□ I,	and	are one and the same person.				
My name is misspelled. Please cor	rect it to:					
I am changing my name from		to				
G. STATEMENT OF FACTS						

I, the undersigned, state:

H. APPLICANT'S SIGNATURE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED LAST NAME	FIRST NAME	MIDDLE NAME	DAYTIME PHONE NUMBER
			()
SIGNATURE			DATE
X			