

Title #: \_\_\_\_\_

**APPLICATION**

Registration # (IA #): \_\_\_\_\_

**REGISTRATION** — Owner/Buyer Information —

**Iowa Resident**  **Nonresident**  The 1<sup>st</sup> owner will be listed as the primary owner shown on the registration.

	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Birth Date</u>
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____

And  
 Or

Current Residence & Mailing Address of primary owner (#1 above):

Street Address/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Provide one of the following identification numbers for primary owner (#1 above):

DNR Number \_\_\_\_\_ or Iowa Driver's License Number \_\_\_\_\_ or Social Security Number \_\_\_\_\_

Primary owner (#1): \_\_\_\_\_

Primary owner (#1): Gender:  M  F Height: \_\_\_\_\_ FT. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_ COUNTY OF REGISTRATION: \_\_\_\_\_

<b>IOWA APPLICATION FOR:</b>	1 <input type="checkbox"/> BOAT	6 <input type="checkbox"/> REGISTRATION	8 <input type="checkbox"/> TITLE	10 <input type="checkbox"/> BOND	12 <input type="checkbox"/> LIEN
	2 <input type="checkbox"/> ATV	7 <input type="checkbox"/> DUPLICATE REGISTRATION	9 <input type="checkbox"/> DUPLICATE TITLE	11 <input type="checkbox"/> OTHER	13 <input type="checkbox"/> SUBSEQUENT LIEN
	3 <input type="checkbox"/> SNOW				
	4 <input type="checkbox"/> ORV				
	5 <input type="checkbox"/> ORM				

**BOAT** Previous Title No. (if any): \_\_\_\_\_ Registration No.: \_\_\_\_\_

Boat Name: \_\_\_\_\_ Port Name: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_  Homemade

Toilet \_\_\_\_\_ Color \_\_\_\_\_ Model Year \_\_\_\_\_ Boat Length \_\_\_\_\_ Boat Width \_\_\_\_\_ HIN \_\_\_\_\_

Yes  No \_\_\_\_\_ FT. \_\_\_\_\_ IN. \_\_\_\_\_ FT. \_\_\_\_\_ IN.

<u>Type of Use:</u> 1 <input type="checkbox"/> Pleasure 2 <input type="checkbox"/> Dealer 3 <input type="checkbox"/> Livery Rental 4 <input type="checkbox"/> Official 5 <input type="checkbox"/> Commercial Passenger 6 <input type="checkbox"/> Commercial Fishing 7 <input type="checkbox"/> Other: _____	<u>Type of Boat:</u> 1 <input type="checkbox"/> Cabin Cruiser 2 <input type="checkbox"/> Canoe 3 <input type="checkbox"/> PWC (Jet Ski, Wave Runner) 4 <input type="checkbox"/> Houseboat 5 <input type="checkbox"/> Pontoon 6 <input type="checkbox"/> Rowboat 7 <input type="checkbox"/> Runabout 8 <input type="checkbox"/> Sailboat 9 <input type="checkbox"/> Other: _____ 10 <input type="checkbox"/> Kayak 11 <input type="checkbox"/> Bass Boat 12 <input type="checkbox"/> Jon Boat	<u>Hull Material:</u> 1 <input type="checkbox"/> Aluminum 2 <input type="checkbox"/> Fiberglass 3 <input type="checkbox"/> Wood 4 <input type="checkbox"/> Steel 5 <input type="checkbox"/> Plastic 6 <input type="checkbox"/> Other: _____ 7 <input type="checkbox"/> Inflatable	<u>Propulsion:</u> 1 <input type="checkbox"/> Outboard 2 <input type="checkbox"/> Inboard 3 <input type="checkbox"/> Outboard-Inboard 4 <input type="checkbox"/> Sail 5 <input type="checkbox"/> Other Nonpower-Nonsail 6 <input type="checkbox"/> Paddle-Oars	<u>Fuel:</u> 1 <input type="checkbox"/> Gas 2 <input type="checkbox"/> Diesel 3 <input type="checkbox"/> Other  <u>Capacity (from plate, if any):</u> _____ persons <u>Horsepower:</u> _____ h.p.
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**ATV/SNOWMOBILE/ORM/ORV**  Electric

DOT Titled Previous Title No. (if any): \_\_\_\_\_ Registration No.: \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

Farm Model Year: \_\_\_\_\_ CC: \_\_\_\_\_ Dry Wt. in Lbs: \_\_\_\_\_ No. of Wheels: \_\_\_\_\_

(OVER FOR TITLING, DEALER SALES INFORMATION, BONDING, AND SIGNATURES)

COUNTY RECORDER USE ONLY:	1 <input type="checkbox"/> Transfer Without Consideration	4 <input type="checkbox"/> Tax Paid Dealer	7 <input type="checkbox"/> Casual Sale	9 <input type="checkbox"/> No Exemption
	2 <input checked="" type="checkbox"/> Homemade	5 <input type="checkbox"/> Tax Paid Other State	8 <input type="checkbox"/> Other	10 <input type="checkbox"/> Tax Exempt
	3 <input type="checkbox"/> Government, Nonprofit	6 <input checked="" type="checkbox"/> Purchase for Resale		

<b>TITLE/LIEN/SUB LIEN</b>	<u>Seller Name</u>	<u>Seller Address</u>	<u>Purchase Date</u>
I present the following evidence of ownership: <input type="checkbox"/> Manufacturer's Statement <input type="checkbox"/> Foreign Title Certificate <input type="checkbox"/> Reconstructed/Rebuilt <input type="checkbox"/> Operation of Law Affidavit <input type="checkbox"/> Specially Constructed/Homemade <input type="checkbox"/> Registration Certificate			
Lien#: _____ (If none, so state: _____ )			
<u>1<sup>st</sup> Security Interest Held By</u>	<u>Street Address</u>	<u>City/State/Zip</u>	
Lien#: _____ (If none, so state: _____ )			
<u>2<sup>nd</sup> Security Interest Held By</u>	<u>Street Address</u>	<u>City/State/Zip</u>	

<b>BOND</b>	Book Value: \$ _____ (can be obtained from an Iowa registered dealer or current NADA value.) <u>Bond Amount:</u> \$ _____ (minimum of 1 1/2 times book value)	
<u>Dealer No.</u>	<u>Dealership Name</u>	<u>Dealership Signature</u>
Officer Signature: _____		Date: _____
Iowa Department of Natural Resources		

<b>DEALER USE ONLY:</b>	Sale Price \$ _____	Registration Fee Collected \$ _____	Date Acquired: _____
	Less Trade-In \$ _____	Sales Tax Collected \$ _____	
	Equals Tax Price \$ _____	RVVRS Admin Fee \$ _____	
	Tax Previously Paid \$ _____	County Rec Writing Fee \$ _____	
<b>I / We certify under penalty of perjury that the foregoing is true and correct.</b>			
<u>DNR Dealer No.</u>	<u>Dealership Name</u>	<u>Dealership Signature</u>	

<b>SIGNATURES</b>	<b>Important: Be certain that dates and other information given are correct. Any person who uses a false or fictitious name, makes a false statement or otherwise commits a fraud upon this application is punishable by imprisonment and possible fine per Iowa Code 462A.23.</b>		
Signature of: <input type="checkbox"/> Owner/ <input type="checkbox"/> Buyer/ <input type="checkbox"/> Security Holder #1:	_____	Date:	_____
Signature of: <input type="checkbox"/> Owner/ <input type="checkbox"/> Buyer/ <input type="checkbox"/> Security Holder #2:	_____	Date:	_____
Signature of: <input type="checkbox"/> Owner/ <input type="checkbox"/> Buyer/ <input type="checkbox"/> Security Holder #3:	_____	Date:	_____
Signature of: <input type="checkbox"/> Owner/ <input type="checkbox"/> Buyer/ <input type="checkbox"/> Security Holder #4:	_____	Date:	_____