

# V1

## STATE OF ALASKA DIVISION OF MOTOR VEHICLES VEHICLE TRANSACTION APPLICATION



SERIAL NUMBER (VIN):		ALASKA LICENSE PLATE:		<input type="radio"/> NEEDS NEW PLATES <input type="radio"/> PLATE TRANSFER:	
ODOMETER: (MILES ONLY)	YEAR:	MAKE:	MODEL:	BODY STYLE:	COLOR:
EMPTY WEIGHT: <input type="radio"/> Actual <input type="radio"/> Estimated		IS THE VEHICLE USED COMMERCIALY? <i>If yes, complete the back of the form</i> <input type="radio"/> YES <input type="radio"/> NO		SECONDARY SERIAL NUMBER (VIN):	

Owner of a Motor Vehicle Registered in a company name, leased from a company, used for business/commerce, or Motor Vehicles with a GVWR 10,001 pounds or more; must complete page 2 (reverse) for PRISM/HVUT compliance.

### EXEMPTIONS: I AM APPLYING FOR...

ELIGIBLE OWNER:	ALASKA DL/ID #:	ARE YOU AN ALASKA RESIDENT? <input type="radio"/> YES <input type="radio"/> NO
-----------------	-----------------	---

- SENIOR (P TAB): I am 65 years or older
- MOBILITY RELATED DISABILITY (P TAB): Requires completed Form 861, signed by a qualified provider for original issuance.
- ALASKA DISABLED VETERAN (P TAB): Requires proof of Service Connected Disability Rating of 50% or more and proof of service discharge.
- Z TAB: My vehicle is 8 years or older and I live in an eligible area (All trailers regardless of age are eligible)
- ALASKA NATIONAL GUARD: Requires current member of the AK National Guard with valid military ID, and current Unit documentation MPF or PQR .
- ACTIVE DUTY MILITARY: Requires LES issued within 90 days. Alaska resident vehicles must be located outside of Alaska to be eligible for exemption.
- GOVERNMENT: Requires vehicle to be registered in the name of a government organization.
- CHARITABLE: Requires proof of tax exempt status from IRS documentation.

**NOTE:** Vehicles registered in a company name, used for business or commerce are not eligible for an exemption

OWNER'S FULL LEGAL NAME/LESSEE NAME:	<input type="radio"/> "AND"	CO-OWNER'S FULL LEGAL NAME/LESSEE NAME:
ALASKA DL/ID #:	<input type="radio"/> "OR"	ALASKA DL/ID #:
DOB or SSN/TIN: <i>If no Alaska DL/ID</i>		DOB or SSN/TIN: <i>If no Alaska DL/ID</i>

"AND" requires the signature of all owners sell/transfer "OR" requires the signature of a single owner to sell/transfer

PLEASE UPDATE MY ORGAN DONOR STATUS

COMPANY NAME / LESSOR NAME / FAMILY TRUST:	TAXPAYER ID# (TIN):
MAILING ADDRESS OF OWNER OR LEASING COMPANY:	CITY/STATE/ZIP:
OWNER'S RESIDENCE ADDRESS OR PHYSICALL ADDRESS OF THE VEHICLE:	CITY/STATE/ZIP:
EMAIL ADDRESS: <i>(Optional)</i>	PHONE#: <i>(Optional)</i> ( )

LIENHOLDER NAME: - *If vehicle is paid in full mark None*  NONE

LIENHOLDER MAILING ADDRESS: CITY/STATE/ZIP:

CHANGE OF OWNERSHIP  
  TITLE ONLY  
  REGISTER  
  LOST TAB  
  LOST PLATE  
  OTHER: \_\_\_\_\_

ADD/REMOVE LIENHOLDER  
  OUT OF STATE TITLE TRANSFER

AFFIDAVIT/ADDITIONAL NOTES <i>Was this transaction unusual? Use this area to further explain:</i>	WHAT HAS MADE YOU SMILE TODAY? <i>(Optional)</i>
<input type="radio"/> WILL NOT BE DRIVEN ON PUBLIC ROADS <input type="radio"/> TO BE HELD IN INVENTORY <input type="radio"/> CORRESPONDENCE	

DO YOU WISH TO DONATE \$1 OR MORE TO SUPPORT THE ORGAN AND TISSUE DONATION PROGRAM? AMOUNT \$ \_\_\_\_\_

I certify under penalty of perjury that all information is true and correct. False statements are punishable under AS 11.56.210.  
 I certify under penalty of law there is a liability insurance policy for this vehicle if required by AS 28.22.011 and this policy will be maintained during the entire registration period.  
 The address shown is my true legal address and the vehicle will be operated on Alaska roadways.  
 If this is a commercial vehicle, I am familiar with and have knowledge of the Federal Motor Carrier Safety Regulations 49 CFR, Hazardous Materials Regulations and applicable Federal/state CMV safety laws and regulations.

SIGNATURE OF APPLICANT / AGENT (INCLUDE TITLE)	DATE	SIGNATURE OF APPLICANT / AGENT (INCLUDE TITLE)	DATE
--	------	--	------

## REQUIRED FOR ALL COMMERCIAL VEHICLES

### PRISM

ENTER LAST SIX CHARACTERS OF THE VEHICLE IDENTIFICATION NUMBER (VIN):

DUAL REG. REQUESTED: *State of Record & current registration from (list state abbreviation)*

NO. OF AXLES

DURATION OF REGISTRATION  
 ANNUAL  BIENNIAL

IS THE CARRIER RESPONSIBLE FOR SAFETY EXPECTED TO CHANGE?  YES  NO

Motor vehicles with a GVWR of 10,001 pounds or more, leased vehicles, motor vehicles registered in a company name or any motor vehicle used for business; must complete the area below for DOT/FMCSA compliance.

DOT NUMBER OF CARRIER RESPONSIBLE FOR SAFE OPERATION:

TAX ID NO. ASSOCIATED WITH DOT NUMBER:

SUBJECT TO PRISM?  YES  NO

- I certify under penalty of perjury that I am the owner or agent of the vehicle listed on this application; AND if not listed on the application, the vehicle listed does not require a USDOT number.

SIGNATURE OF OWNER/AGENT

DATE

PRINTED NAME OF OWNER/AGENT SIGNING FOR COMPANY

COMPANY NAME

### HEAVY VEHICLE USE TAX (HVUT) COMPLIANCE

Motor Vehicles with a taxable gross weight of 55,000 pounds or more are subject to HVUT Compliance

Taxable gross weight is defined as the sum of the following:

- Empty weight of the motor vehicle, and
- Empty weight of trailer or semi-trailer(s) customarily used with motor vehicle, and
- Maximum load carried by the motor vehicle and on trailers or semi-trailers customarily used in combination with the motor vehicle

NOTE: Per A.S. 28.10.050 12 (c) The State of Alaska shall refuse to register a heavy motor vehicle subject to the federal highway use tax, if the applicant fails to furnish proof, in accordance with 23 CFR 669

HVUT DOCUMENTATION (FORM 2290) ATTACHED?  YES  NO (NOT SUBJECT)

WAS THE VEHICLE PURCHASED WITHIN 60 DAYS OF APPLICATION FOR AK REGISTRATION?  YES\*  NO

*\*If yes, the date of sale will be verified on the titling documents and HVUT documents are not required for initial registration.*

#### HVUT GROSS TAXABLE WEIGHT DECLARATION

Under penalty of law, I certify by signing below, the vehicle has a taxable gross weight of less than 55,000 pounds and is not subject to HVUT.

SIGNATURE OF OWNER/AGENT

DATE

PRINTED NAME OF OWNER/AGENT SIGNING FOR COMPANY

COMPANY NAME

### DMV USE ONLY

#### OPTIONAL ADDITIONAL REP INFORMATION

##### DOCUMENTS ACCEPTED

TITLE DOCUMENT:  AK TITLE  OOS TITLE  MCO  OTHER

REGISTRATION DOCUMENT:  OOS REG  COPY OF TITLE  OTHER

OTHER DOCUMENTS:  POA  ODOMETER DISCLOSURE

REASSIGNMENT PAPERWORK

FEE\$:

PAYMENT

CA  CK  CC

DONATION?

DATE:

BATCH:

LDAP/OFFICE:

#### OPTIONAL VEHICLE NOTES