



Title Application

Williamsburg, VA

HWY23MH004

(3 pages)



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF MOTOR VEHICLES



NON-CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

THE DEPARTMENT OF MOTOR VEHICLES OF THE COMMONWEALTH OF VIRGINIA HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH THAT THE APPLICANT NAMED ON THE FACE HEREON HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE AND THAT FROM THE STATEMENTS OF THE OWNER AND THE RECORDS ON FILE WITH THIS DEPARTMENT THE HEREON DESCRIBED VEHICLE IS SUBJECT TO THE SECURITY INTEREST RECORDS ON FILE WITH THIS DEPARTMENT AND AS DESCRIBED HEREON IF ANY THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH ALSO PROVIDE THAT ALL TITLE AND REGISTRATION INFORMATION IN THE OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES IS PRIVILEGED AND ONLY SUBJECT TO DISSEMINATION TO AUTHORIZED AGENCIES' BUSINESS ORGANIZATIONS OR AGENTS GOVERNMENTAL ENTITIES AND INDIVIDUALS UNDER THE CONDITIONS SPECIFIED BY MOTOR VEHICLE CODE SECTIONS 46-2-209 AND 46-2-210

ESTABLISHED 06/15/2008 582 FT0678 ORIGINAL

VEHICLE IDENTIFICATION NO 1HVBEABM1YH274962	YEAR 2000	MAKE INTERNATIO BUS	VEHICLE BODY 1909077651	TITLE NO 1909077651			
EMPTY WGT 13960	GROSS WGT GVWR	GCWR	AXLES 2	FUEL DESL VA EXEMPT	SALES TAX PAID *287000*	ODOMETER 06/15/20	DATE ISSUED 06/15/20
OTHER PERTINENT DATA 053311			OBOMETER-BRAND-PRIOR-TITLE NO ACTUAL				

Name(s) and address(es) of vehicle owner(s)
ROYALTY MOTORS LLC
3303 AIRLINE BLVD STE 3H
PORTSMOUTH VA 23701-2635

THIS IS NOT A TITLE NUMBER
64447552

VOID VOID VOID VOID VOID VOID VOID VOID

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ASSIGNMENT OF TITLE BY OWNER - NOTICE WHEN VEHICLE IS SOLD

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following (printed name and address of Buyer(s))

Buyer(s) Name: **FRANKLIN'S SPORTS RECREATION LLC**
 Street: **3303 AIRLINE BLVD STE 3H** City/State: **PORTSMOUTH VA 23701**

ODOMETER READING (No Tenths): **28700** I certify to the best of my knowledge that the odometer readings are ACTUAL Mileage NOT ACTUAL Mileage (odometer discrepancy) EXCESS of Mechanical Limits Model year is 10 years or older and was exempt from odometer disclosure in prior state of title (applicant must present out of state title showing exemption)

DATE OF SALE: **06/15/20** SALE PRICE: **287000**

Signature of Seller(s): **[Signature]** (Printed Name of Seller(s)): **ROYALTY MOTORS LLC**

Signature of Buyer(s): **[Signature]** (Printed Name of Buyer(s)): **FRANKLIN'S SPORTS RECREATION LLC**

I am aware of the above odometer certification made by the Seller(s).

I am aware of the above odometer certification made by the Seller(s).

Seller warrants this certificate of title except that at the time of transfer it may be subject to lien. See section F.

Dealer's No. _____ Licensing Jurisdiction _____

VOID IF ALTERED



Reassignment Form Control No. (if applicable) ANY ALTERATIONS OR ERASURES WILL VOID THIS CERTIFICATE OF TITLE AND IT MUST THEN BE SURRENDERED TO SECURE A REPLACEMENT TITLE. PURCHASER MUST SECURE A NEW TITLE OR SURRENDER THIS ONE TO DMV WITHIN 30 DAYS OF SALE DATE. VSA3L REV (6/19)

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete the odometer disclosure statement or providing a false statement may result in fines and/or imprisonment.	
B I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____	
Buyer(s) Printed Name _____ Buyer(s) Signature _____	
Buyer(s) Address _____ City _____ State _____ Zip Code _____	
DEALER REASSIGNMENT	
ODOMETER READING _____ (No Tenths)	I certify to the best of my knowledge that the odometer reading is <input type="checkbox"/> ACTUAL Mileage <input type="checkbox"/> NOT ACTUAL Mileage (odometer discrepancy) <input type="checkbox"/> IN EXCESS of Mechanical Limits <input type="checkbox"/> Model year is 10 years or older and was exempt from odometer disclosure in prior state of title (applicant must present out of state title showing exemption)
Dealer(s) Signature _____	Dealer(s) Printed Name _____ Dealer Number _____ Licensing Jurisdiction _____
The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.	
C I am aware of the dealer's odometer certification. Date of Sale _____ Sale Price _____	
Buyer(s) Printed Name _____ Buyer(s) Signature _____	
Buyer(s) Address _____ City _____ State _____ Zip Code _____	
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Dealer(s) Signature _____	Dealer(s) Printed Name _____ Dealer Number _____ Licensing Jurisdiction _____
The dealer certifies that the vehicle described in this title was transferred to the above buyer and that the odometer reading has been disclosed to the buyer. Seller warrants this certificate of title except that at the time of transfer it may be subject to a lien. See section F.	
DOES YOUR VEHICLE QUALIFY FOR CAR TAX RELIEF?	
If you can answer YES to any of the following questions your motor vehicle is considered by State Law to have a business use and does NOT qualify for Personal Property Tax Relief: <ul style="list-style-type: none"> • Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer? • Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for Federal Income Tax purposes? • Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code? • If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual? This vehicle is for <input type="checkbox"/> Personal Use <input type="checkbox"/> Business Use. Check one of the boxes. See business use criteria above.	
E LIENOR'S NAME _____	LIENOR CODE _____ DATE OF LIEN _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
F VEHICLE COLOR <u>White</u>	REGISTRATION PERIOD <input type="checkbox"/> 1 YR <input checked="" type="checkbox"/> 2 YRS (\$2 discount) <input type="checkbox"/> 3 YRS (\$3 discount) (Emissions areas not eligible for 3 YR registration)
INSURANCE CERTIFICATION A vehicle must be insured with liability coverage when it is registered, and it must remain insured while registered whether or not it is operated OR the uninsured motor vehicle fee must be paid. Penalties are severe for violation of this requirement.	
I/We certify that (check one) <input checked="" type="checkbox"/> This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered whether or not it is operated. Provide name of insurance company: _____ <input type="checkbox"/> This vehicle is not insured, therefore I am remitting the applicable uninsured motor vehicle fee (this fee provides no insurance coverage).	
POWER OF ATTORNEY FOR NON RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA Pursuant to the provisions of Virginia Code §46 2 601 I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.	
PRIVACY NOTICE The information including Social Security Number is requested in accordance with Virginia Code §§46 2 623 and 46 2 629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§46 2 206 through 46 2 214 to business law enforcement or authorized government entities.	
G NO PAPER TITLE. Check this box <input type="checkbox"/> if you do not want a paper title issued to you. An electronic Certificate of Title will remain on the file for this vehicle at DMV.	DMV USE ONLY
If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either the owner or co owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SALE PRICE \$ <u>7</u>
Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BEFORE TRADE IN ALLOWANCE
I/We certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge. I/We understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.	TAX \$ <u>75</u>
SIGNATURE OF BUYER _____ DATE _____	(MINIMUM TAX MAY APPLY)
SIGNATURE OF CO APPLICANT _____ IDENTIFIER OF APPLICANT _____ PHONE NUMBER _____	TITLE FEE \$ <u>15</u>
STREET ADDRESS _____	TRANSFER FEE \$ _____
CITY _____ STATE _____ ZIP _____	REG FEE \$ <u>1</u>
EMAIL ADDRESS OF APPLICANT _____	WT INCREASE FEE \$ _____
SIGNATURE OF CO APPLICANT _____ DATE _____	PERSONALIZED PLATE FEE \$ _____
SOCIAL SECURITY NUMBER/FEIN OR CUSTOMER IDENTIFIER OF CO APPLICANT _____ PHONE NUMBER _____	UMV FEE \$ _____
EMAIL ADDRESS OF CO APPLICANT _____	OTHER \$ _____
VEHICLE PRINCIPALLY GARAGED IN CITY, TOWN, COUNTY OR STATE OF _____	TOTAL \$ <u>90</u>
<input type="checkbox"/> CITY OR TOWN OF <u>Chesapeake</u> <input type="checkbox"/> COUNTY OF _____	
WITH LIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Proof of Address (specify proof document presented)	

Log# 152 PLATE TYPE _____ PLATE NO _____ EXPIRE DATE _____ TITLE NUMBER 10707388 DMV USE ONLY CLERK INITIALS [Signature]