

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
VEHICLE TRANSACTION APPLICATION

REQUESTED TRANSACTION	<input type="checkbox"/> Title and/or Registration (New/Used vehicles, Changes to Ownership)		In compliance with AS 28.10.201:		
	<input type="checkbox"/> Title Only (Will not be driven on public roads)			Is an owner an Alaskan resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Add/Remove a Lienholder from AK Title		Is the vehicle in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Replace Lost, Stolen or Destroyed Alaskan Title		<input type="checkbox"/> Replace (circle one): License Plates, Tabs, or Registration		
			<input type="checkbox"/> Renew Registration		

VEHICLE INFORMATION	Current AK License Plate # ^(I/A) <input type="checkbox"/> Need New Plates		Vehicle Identification Number (VIN)		
	Year	Make <small>(Chevy, Ford, Jeep etc.)</small>	Model <small>(Wrangler, Focus, Model 3 etc.)</small>	Body Style <small>(2 door, Truck, SUV, 4-wheeler, snowmachine)</small>	
	Color	Empty Weight (lbs.) <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	Is Vehicle Used Commercially? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit # / Fleet # ^(I/A) /	Is an Electric Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Requesting an exemption for registration, commercially registered vehicles, leased vehicles, vehicles owned by a business/company including charitable/non-profits, vehicles with a gross taxable weight of 55,000lbs or more, vehicles subject to PRISM or HVUT, or vehicles with an empty weight of 8,001lbs or more must also complete required sections of page 2.

ADDRESS INFORMATION	Leasing Company Mailing Address (leased vehicles only)			City	State	Zip
	Owner/ Lessee's Mailing Address			City	State	Zip
	Owner Residence Address			City	State	Zip
	Email Address (optional)			Phone # (optional)		

OWNER INFORMATION	Applicant Type: <input type="checkbox"/> Individual <input type="checkbox"/> Business/Co. <input type="checkbox"/> Lessor <input type="checkbox"/> Trust <input type="checkbox"/> Charitable / Non-Profit Org <input type="checkbox"/> Gov. Agency					
	Full Legal Name including Suffix Company / Trust / Agency Name Lessor's Name					
	Alaska Driver License Number <u>OR</u> Social Security Number <u>OR</u> Date of Birth <small>(MM/DD/YYYY)</small>				Tax ID Number	

CONJUNCTION TYPE (Only Required If more than one registered Owner & Not Applicable Between a Lessor and Lessee)
 "AND" signatures of ALL owners required to sell / transfer (Cannot be selected if owned by anything other than two or more individuals)
 "OR" signature of a single owner required to sell / transfer

CO-OWNER INFORMATION	Applicant Type: <input type="checkbox"/> Individual <input type="checkbox"/> Business/Co. <input type="checkbox"/> Lessee <input type="checkbox"/> Trust <input type="checkbox"/> Charitable / Non-Profit Org <input type="checkbox"/> Gov. Agency					
	Full Legal Name including Suffix Company / Trust / Agency Name Lessee's Full Legal Name					
	Alaska Driver License Number <u>OR</u> Social Security Number <u>OR</u> Date of Birth <small>(MM/DD/YYYY)</small>				Tax ID Number	

OTHER INFORMATION	LIENHOLDER NAME (if paid in full mark "None") <input type="checkbox"/> NONE					
	LIENHOLDER ADDRESS: (PO Box or Street Address)			City	State	Zip
	Become an Alaskan Organ Donor / Register to Vote (To use this form to register you must have an Alaska permit, license or ID card number and make an in-person application)					
	Alaska ID/DL #: _____ <input type="checkbox"/> Organ Donor <input type="checkbox"/> Voter Reg Initial here: _____					
	Alaska ID/DL #: _____ <input type="checkbox"/> Organ Donor <input type="checkbox"/> Voter Reg Initial here: _____					
To register to vote, you must be a US Citizen, an Alaska resident, and 18 years of age or older, or within 90 days of turning 18. If you meet these requirements, are not registered to vote in another jurisdiction or agree to cancel that registration and wish to register to vote or update your voter registration, initial above.						
Donate \$1 or more to the Anatomical Gift Awareness Fund: \$ _____ .00						
Affidavits: <input type="checkbox"/> Correspondence/Drop-Off/Mail-In <input type="checkbox"/> Other:						

I certify under penalty of perjury that all information is true and correct, 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. If applying for an exemption of registration fees I certify I meet the eligibility requirements and if necessary, have provided proof to that effect. False statements are punishable under AS 11.56.210.

Owner/Agent/ Representative Signature and Date	Co-Owner Signature and Date
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DMV USE ONLY:

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
VEHICLE TRANSACTION APPLICATION

VEHICLE IDENTIFICATION	<p>Current AK License Plate Number or Vehicle Identification Number (VIN)</p> <p><i>(For multiple vehicle submission may attach list of VIN's for vehicles with all matching responses indicate "see attached list")</i></p>
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EXEMPTION REQUEST	NAME OF PERSON REQUESTING REGISTRATION EXEMPTION <i>(must sign the application on page 1)</i>	
	<input type="checkbox"/> PERMANENT	Any non-commercial vehicle 8 years of age or older or a trailer of any age residing in an eligible location in Alaska.
	<input type="checkbox"/> MILITARY	Owner must show a leave and earnings statement that was issued within the past 90 days.
	<input type="checkbox"/> NATIONAL GUARD*	Owner must be an Alaskan resident and have National Guard , SRB/ORB or VMPF within last 30 days.
	<input type="checkbox"/> CHARITABLE /NON-PROFIT	Must be Alaskan organization with proof of tax-exempt status with IRS documentation.
	<input type="checkbox"/> MOBILITY DISABILITY*	Owner must be an Alaskan resident and submit form 861 with signature from qualified provider for a permanent disability or have previously received the exemption in Alaska.
	<input type="checkbox"/> DISABLED VETERAN*	Owner must be an Alaskan resident and show proof of service-related disability 50%+ and their character of service discharge or have previously received the exemption in Alaska.
	<input type="checkbox"/> SENIOR*	Owner must be an Alaskan resident at least 65 years of age.
<input type="checkbox"/> OTHER	_____	
*Limited to one permanent exemption per owner and may be transferred to another vehicle with previous registration surrendered.		

ALL VEHICLES SUBJECT TO HVUT & ALL VEHICLES WEIGHING 8,001 LBS. + (EXCEPT TRAILERS)	<p>1. Is this Vehicle subject to Heavy Vehicle Use Tax (HVUT)? <i>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 total weight of the empty weight of the motor vehicle, the empty weight of the trailer or semi-trailers customarily used with the motor vehicle, and the maximum load carried by the motor vehicle and on trailers or semi-trailers customarily used in combination with the motor vehicle</i></p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
	<p>2. Was the vehicle purchased within sixty days of this application? <i>(If "NO", vehicles that are subject to HVUT must present proof of payment or exemption payment of HVUT, IRS Form 2290 schedule 1 from the current fiscal year to register the vehicle. Fiscal year is July 1st of the current year until June 30th of the following year)</i></p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
	<p><i>I certify under penalty of law, by signing below, during the taxable period which includes the application date for registration, such vehicle had a taxable gross weight of less than 55,000 pounds and is not subject to HVUT or this vehicle is subject to HVUT, and I have attached a returned IRS 2290 form showing HVUT compliance for the current fiscal year unless the vehicle was purchased within the last 60 days of this application.</i></p> <p>_____</p> <p style="display: flex; justify-content: space-between;">SIGNATURE OF OWNER/AGENTDate</p>	

ALL COMMERCIALY REGISTERED VEHICLES AND VEHICLES IN THE NAME OF A BUSINESS/CO INCLUDING CHARITABLE/NON-PROFIT (INCLUDING TRAILERS)	1. Are you requesting dual commercial registration with another state <i>(If yes, must provide a copy of the other state's registration)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	2. Is this vehicle being used as a taxicab?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	3. Is this vehicle being used as a tour bus?		<input type="checkbox"/> YES -Passenger capacity: _____	<input type="checkbox"/> NO		
	4. Requested Duration of Registration		<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> Trailer Permanent	<input type="checkbox"/> Other: _____
	5. Is this vehicle subject to PRISM? <i>(Vehicles owned by motor carriers operating CMVs in commerce that have a GVW of 26,001 pounds or more.)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	If yes, you must list the USDOT number and associated Tax ID number below.					
USDOT Number		Tax ID Number				
I certify under penalty of perjury that all information is true and correct, I am the owner or agent of the vehicle listed on this application and, the motor carrier responsible for safety of the vehicle is not under any Federal Out-of-Service (OOS) Order and if not listed on this application does not possess an inactive or deactivated USDOT number.						

SIGNATURE OF OWNER/AGENT Date						

**Note: Vehicles owned by Government agencies are not required to complete page 2 but may be required to provide documentation proving government association.