

Title Brands <input type="checkbox"/> 225 <input type="checkbox"/> 227 <input type="checkbox"/> 231 <input type="checkbox"/> 232 <input type="checkbox"/> 233	Index #	<input type="checkbox"/> 490C <input type="checkbox"/> 490P	Expires / 08 AUG	Validation Area
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1	<input type="checkbox"/> New (421) <input type="checkbox"/> Transfer (431) <input type="checkbox"/> Renewal (475) <input checked="" type="checkbox"/> Title Only	Decal # Attached to Snowmobile Expiration Year of Validation Sticker <input type="checkbox"/> No Decal attached <input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> ANTIQUE	This application must be accompanied by Vermont Sales & Use Tax, proof that the Vermont Sales & Use Tax has been paid or proof of tax paid in another State.
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2	Make (If Homemade, So State)	Year	Color	Odometer Reading	Identification Number (VIN)
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3	OWNER	VT Driver's License #	Federal ID Number	Gender	CO-OWNER	VT Driver's License #	Federal ID Number	Gender
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Name	Name
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Mailing Address (PO Box or Street):	Mailing Address (PO Box or Street):
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City:	State:	ZIP:	City:	State:	ZIP:
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Physical Address (Street):	Physical Address (Street):
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City:	State:	ZIP:	City:	State:	ZIP:
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Date of Birth:	If Name Has Changed, List Previous Name;	Date of Birth:	If Name Has Changed, List Previous Name;
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Phone:	Email:
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Spouses Joint Tenants Tenants in Common Partners (business) **Rights Of Survivorship** (If No Box Is Checked "Joint Tenants" Will Be Selected)

4	Name of Lienholder	Date of Birth (if Individual)	5	Seller Name	Date Purchased
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Mailing Address	If No Loan, Check Box <input type="checkbox"/>	Seller Address (PO Box or Street):
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Date of Loan	VT License #	Is There A Second Loan? If Yes, Check Box & Send Details <input type="checkbox"/>	Seller Address (City, State Zip):
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6	I Certify That the VT Sales and Use Tax Has Been Collected from the Purchaser and Paid to the VT Dept of Taxes Dealer Name: _____ Signature of Dealer or Authorized Agent: _____ Date: _____ Vermont Tax No: _____	Seller Signature VT DEALER NUMBER
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TO BE COMPLETED BY VAST AGENTS/DEALERS ONLY (NOTE: RENEWAL BY VAST AGENTS ONLY) DATE ISSUED: _____ V.A.S.T. AGENT / DEALER # _____ V.A.S.T. AGENT / DEALER SIGNATURE: (circle one) _____	60 DAY TEMPORARY REGISTRATION # <input type="checkbox"/> New Decal <input type="checkbox"/> Renewal <input type="checkbox"/> (New Plate Antique)	8	SELECT ONE: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Antique <input type="checkbox"/> Transfer <input type="checkbox"/> Replacement	8 A	NON-RESIDENTS MUST COMPLETE THE FOLLOWING HOME STATE _____ I have applied for my snowmobile title <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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9 Purchase Price	10 TO CLAIM TAX CREDIT, COMPLETE SECTION 10	12 <small>DO NOT SEND CASH DO NOT WRITE IN SHADED AREA</small>
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Purchase Price	\$	Purchaser of Old Snowmobile	Registration (36)	
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Tax Credit	\$	City _____ State _____ On (Date) _____	Tax (39)	
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Net Taxable Cost	\$	Year	Make	Reg #	Tax Exempt #	Title (03)	
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Tax (6%)	\$	VIN	Transfer (36)	
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<input type="checkbox"/> Tax Exemption for Out-of-State Delivery to A Non-Vermont Resident. Must Include Invoice with Delivery Location Outside of Vermont	Misc
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11	I certify that I am the owner of the snowmobile described above and same is properly equipped and in good mechanical condition. Statements and warrants herein are certified under penalty of 23 V.S.A. §202, §203 & §3829	Total
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			Return #	Rater #	RF
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Signature (Owner)

Date

Signature (Co-Owner)

Title Brands <input type="checkbox"/> 225 <input type="checkbox"/> 227 <input type="checkbox"/> 231 <input type="checkbox"/> 232 <input type="checkbox"/> 233		Index # <input type="checkbox"/> 490C <input type="checkbox"/> 490P		Expires / 08 AUG		Validation Area		
1	<input type="checkbox"/> New (421) <input type="checkbox"/> Transfer (431) <input type="checkbox"/> Renewal (475) <input style="color: red;" type="checkbox"/> Title Only		Decal # Attached to Snowmobile Expiration Year of Validation Sticker <input type="checkbox"/> No Decal attached <input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> ANTIQUE				This application must be accompanied by Vermont Sales & Use Tax, proof that the Vermont Sales & Use Tax has been paid or proof of tax paid in another State.	
2	Make (If Homemade, So State)	Year	Color	Odometer Reading	Identification Number (VIN)			
3	OWNER		VT Driver's License #	Federal ID Number	Gender	CO-OWNER		
Name		VT Driver's License #		Federal ID Number	Gender	Name		
Mailing Address (PO Box or Street):				Mailing Address (PO Box or Street):				
City:		State:	ZIP:	City:		State:	ZIP:	
Physical Address (Street):				Physical Address (Street):				
City:		State:	ZIP:	City:		State:	ZIP:	
Date of Birth:		If Name Has Changed, List Previous Name;		Date of Birth:		If Name Has Changed, List Previous Name;		
Phone:			Email:					
<input type="checkbox"/> Spouses <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Partners (business) Rights Of Survivorship (If No Box Is Checked "Joint Tenants" Will Be Selected)								
4	Name of Lienholder		Date of Birth (if Individual)		5	Seller Name		
Mailing Address				If No Loan, Check Box <input type="checkbox"/>		Seller Address (PO Box or Street):		
Date of Loan		VT License #		Is There A Second Loan? If Yes, Check Box & Send Details <input type="checkbox"/>		Seller Address (City, State Zip):		
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				8	A	NON-RESIDENTS MUST COMPLETE THE FOLLOWING HOME STATE _____ I have applied for my snowmobile title <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
9	Purchase Price		10 TO CLAIM TAX CREDIT, COMPLETE SECTION 10			12		
Purchase Price		\$	Purchaser of Old Snowmobile			DO NOT SEND CASH DO NOT WRITE IN SHADED AREA		
Tax Credit		\$	City _____ State _____ On (Date) _____			Registration (36)		
Net Taxable Cost		\$	Year	Make	Reg #	Tax Exempt #	Tax (39)	
Tax (6%)		\$	VIN			Title (03)		
						Transfer (36)		
<input type="checkbox"/> Tax Exemption for Out-of-State Delivery to A Non-Vermont Resident. Must Include Invoice with Delivery Location Outside of Vermont						Misc		
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						Return #	Rater #	
						RF		

Signature (Owner)

Date

Signature (Co-Owner)

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Name	Name
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Mailing Address (PO Box or Street):	Mailing Address (PO Box or Street):
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City:	State:	ZIP:	City:	State:	ZIP:
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Physical Address (Street):	Physical Address (Street):
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City:	State:	ZIP:	City:	State:	ZIP:
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Phone:	Email:
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Signature (Owner)

Date

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