



Texas Department of Motor Vehicles

TITLE REJECTION CORRECTION RECEIPT



PROCESSING COUNTY WILLIAMSON  
RESIDENT COUNTY WILLIAMSON  
PLATE NO [REDACTED]  
DOCUMENT NO [REDACTED]  
PREV DOC NO [REDACTED]  
OWNER NAME AND ADDRESS [REDACTED]

TAC NAME [REDACTED]  
DATE 10/30/2025  
TIME 10 21AM  
EMPLOYEE ID ANGELIC  
(P)  
EFFECTIVE DATE 10/30/2025  
EXPIRATION DATE 1/2026  
TRANSACTION ID [REDACTED]

REGISTRATION CLASS PASSENGER-LESS/EQL 6000  
PLATE TYPE PASSENGER-TRUCK PLT  
ORGANIZATION  
STICKER TYPE WS

VEHICLE IDENTIFICATION NO [REDACTED] VEHICLE CLASSIFICATION PASS  
YR/MAKE 2018/HYUN MODEL SON BODY STYLE 4D UNIT NO  
EMPTY WT 4800 CARRYING CAPACITY 0 GROSS WT 4800 TRAILER TYPE  
BODY VEHICLE IDENTIFICATION NO [REDACTED] TVL TRLR L/W/SOFT 0'0"  
PREV OWNER NAME [REDACTED] PREV CITY/STATE [REDACTED]

FEE ASSESSED TOTAL \$ 0 00

VEHICLE RECORD NOTATIONS  
ACTUAL MILEAGE  
REBUILT SALVAGE - ISSUED BY  
[OK]  
PAPER TITLE  
MAJOR COLOR BLACK  
FUEL TYPE GAS

SALES TAX CATEGORY

ODOMETER READING 128320 BRAND A  
OWNERSHIP EVIDENCE TEXAS TITLE  
1ST LIEN

Date of Assignment/Sales Tax Date  
Sales Price \$ 3,380 00  
Less Trade In Allowance \$ 0 00  
Taxable Amount \$ 0 00  
Sales Tax Paid \$ 0 00  
Less Other State Tax Paid \$ 0 00  
Tax Penalty \$ 0 00  
TOTAL TAX PAID \$ 211 25  
Batch No 3194595801 Batch Count 4

2ND LIEN

3RD LIEN

## REPLACEMENTS

☐

### REPLACEMENT LICENSE RECEIPT

I, the undersigned, state my original license plate(s) and/or sticker(s) have been lost, stolen, mutilated, or need replacement for cosmetic or readability reasons, and any current plate(s) and/or sticker(s) remaining in my possession to be replaced have been returned to the county tax assessor-collector. I further state that the replacement plate(s) and/or sticker(s) will not be used on any vehicle other than the vehicle described on the front of this receipt and the plate(s) and/or sticker(s) being replaced, if recovered, will not be used on any vehicle.

X \_\_\_\_\_

(Signature of Owner or Agent)

## TEMPORARY TIMED PERMITS

☐

### 72-HOUR / 144-HOUR PERMITS

The 72-Hour and 144-Hour Permits are issued for commercial vehicles not authorized to travel on public roads for lack of registration or reciprocity where the vehicle is registered. The applicant, by signing this form in the space provided, certifies the:

1. vehicle will not be operated in violation of Transportation Code, Section 502.094
2. applicant is the owner or authorized agent of the owner of the vehicle described on the face of this receipt
3. applicant is a resident of the United States, Mexico, or Canada
4. vehicle is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED**

## TEMPORARY REGISTRATION LICENSE PLATES

☐

### ONE-TRIP LICENSE PLATE

The One-Trip license plate is valid only for the transit of a vehicle. It shall not be used for the transportation of any passenger or property for compensation or otherwise unless the vehicle is a bus operating under charter and not covered by a reciprocity agreement with its registration jurisdiction. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt:

1. will not be operated in violation of Transportation Code, Section 502.095
2. will not carry a load, fixed or otherwise
3. is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED**

☐

### 30-DAY LICENSE PLATE

The 30-Day license plate is valid for use on passenger vehicles, private buses, trailers, and semitrailers with a gross weight not exceeding 10,000 lbs. and light commercial vehicles not exceeding a gross weight of 10,000 lbs. A light commercial vehicle exceeding 10,000 lbs. may use this license plate if operating unladen. The customer can extend the period of a 30-Day license plate without replacing the license plate. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt:

1. will not be operated in violation of Transportation Code, Section 502.095
2. is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED**

**NOTE:** The applicant, by signing this form in the space provided, hereby certifies the applicant is not purchasing this permit or license plate as a result of being apprehended for violating the registration laws of this state.

X \_\_\_\_\_

(Signature of Owner or Agent)

### WARNING

#### TRANSPORTATION CODE, SECTION 502.410

A person commits an offense if the person violates a provision of this chapter and no other penalty is prescribed for the violation.



TITLE APPLICATION RECEIPT



PROCESSING COUNTY WILLIAMSON  
RESIDENT COUNTY WILLIAMSON  
PLATE NO [REDACTED]  
DOCUMENT NO [REDACTED]  
PREV DOC NO [REDACTED]

TAC NAME [REDACTED]  
DATE 10/21/2025  
TIME 04 09PM  
EMPLOYEE ID ANGELIC  
07/24/2025 (P)

EFFECTIVE DATE 10/21/2025  
EXPIRATION DATE 1/2026  
TRANSACTION ID [REDACTED]

OWNER NAME AND ADDRESS  
[REDACTED]

REGISTRATION CLASS PASSENGER-LESS/EQL 6000  
PLATE TYPE PASSENGER-TRUCK PLT  
ORGANIZATION [REDACTED]  
STICKER TYPE WS

VEHICLE IDENTIFICATION NO [REDACTED] VEHICLE CLASSIFICATION PASS  
YR/MAKE 2018/HYUN MODEL SON BODY STYLE 4D UNIT NO [REDACTED]  
EMPTY WT 4800 CARRYING CAPACITY 0 GROSS WT 4800 TRAILER TYPE [REDACTED]  
BODY VEHICLE IDENTIFICATION NO [REDACTED] TVL TRLR L/W/SOFT 0 0"  
PREV OWNER NAME [REDACTED] PREV CITY/STATE [REDACTED]

INVENTORY ITEM(S) YR  
PASSENGER-TRUCK PLT 2026  
WINDSHIELD STICKER

VEHICLE RECORD NOTATIONS  
ACTUAL MILEAGE  
REBUILT SALVAGE - ISSUED BY  
(OK)  
PAPER TITLE  
MAJOR COLOR BLACK  
FUEL TYPE GAS

| FEES ASSESSED         |           |
|-----------------------|-----------|
| TITLE APPLICATION FEE | \$ 13 00  |
| TERP TITLE FEE        | \$ 20 00  |
| SALES TAX FEE         | \$ 211 25 |
| TRANSFER              | \$ 2 50   |
| AUTOMATION FEE        | \$ 0 50   |
| TOTAL                 | \$ 247 25 |

ODOMETER READING 128320 BRAND A  
OWNERSHIP EVIDENCE TEXAS TITLE  
1ST LIEN

2ND LIEN

3RD LIEN

| SALES TAX CATEGORY                | SALES/USE     |
|-----------------------------------|---------------|
| Date of Assignment/Sales Tax Date | 10/21/2025    |
| Sales Price                       | \$ 3 380 00   |
| Less Trade In Allowance           | \$ 0 00       |
| Taxable Amount                    | \$ 3 380 00   |
| Sales Tax Paid                    | \$ 211 25     |
| Less Other State Tax Paid         | \$ 0 00       |
| Tax Penalty                       | \$ 0 00       |
| TOTAL TAX PAID                    | \$ 211 25     |
| Batch No 2534594901               | Batch Count 7 |

XLB9555



01 26

WILLIAMSON

JH637103

VOID  
DO NOT USE/  
NO USE

## REPLACEMENTS

### ☐ REPLACEMENT LICENSE RECEIPT

I the undersigned, state my original license plate(s) and/or sticker(s) have been lost, stolen mutilated, or need replacement for cosmetic or readability reasons and any current plate(s) and/or sticker(s) remaining in my possession to be replaced have been returned to the county tax assessor-collector I further state that the replacement plate(s) and/or sticker(s) will not be used on any vehicle other than the vehicle described on the front of this receipt and the plate(s) and/or sticker(s) being replaced, if recovered, will not be used on any vehicle

X \_\_\_\_\_  
(Signature of Owner or Agent)

## TEMPORARY TIMED PERMITS

### ☐ 72- HOUR / 144-HOUR PERMITS

The 72-Hour and 144-Hour Permits are issued for commercial vehicles not authorized to travel on public roads for lack of registration or reciprocity where the vehicle is registered The applicant by signing this form in the space provided certifies the

- 1 vehicle will not be operated in violation of Transportation Code, Section 502 094
- 2 applicant is the owner or authorized agent of the owner of the vehicle described on the face of this receipt
- 3 applicant is a resident of the United States, Mexico or Canada
- 4 vehicle is not a junked salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED**

## TEMPORARY REGISTRATION LICENSE PLATES

### ☐ ONE-TRIP LICENSE PLATE

The One-Trip license plate is valid only for the transit of a vehicle It shall not be used for the transportation of any passenger or property for compensation or otherwise unless the vehicle is a bus operating under charter and not covered by a reciprocity agreement with its registration jurisdiction The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt

- 1 will not be operated in violation of Transportation Code Section 502 095
- 2 will not carry a load fixed or otherwise
- 3 is not a junked salvage or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED**

### ☐ 30-DAY LICENSE PLATE

The 30-Day license plate is valid for use on passenger vehicles private buses trailers, and semitrailers with a gross weight not exceeding 10,000 lbs and light commercial vehicles not exceeding a gross weight of 10,000 lbs A light commercial vehicle exceeding 10,000 lbs may use this license plate if operating unladen The customer can extend the period of a 30-Day license plate without replacing the license plate The applicant by signing this form in the space provided certifies the vehicle described on the front of the receipt

- 1 will not be operated in violation of Transportation Code Section 502 095
- 2 is not a junked salvage or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED**

**NOTE** The applicant, by signing this form in the space provided, hereby certifies the applicant is not purchasing this permit or license plate as a result of being apprehended for violating the registration laws of this state

X \_\_\_\_\_  
(Signature of Owner or Agent)

### WARNING

#### TRANSPORTATION CODE, SECTION 502 410

A person commits an offense if the person violates a provision of this chapter, and no other penalty is prescribed for the violation

# Application for Texas Title and/or Registration

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                      |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Applying for (please check one)<br><input checked="" type="checkbox"/> Title & Registration <input checked="" type="checkbox"/> Title Only <input type="checkbox"/> Registration Purposes Only <input type="checkbox"/> Nontitle Registration<br>For a corrected title or registration check reason<br><input type="checkbox"/> Vehicle Description <input type="checkbox"/> Add/Remove Lien <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                       |  |                                                                      |  |                                                                                                                                                                                                                             |  | <b>TAX OFFICE USE ONLY</b><br>COUNTY CLERK GADDES TAX ASSESSOR/COLLECTOR<br>Doc # _____ WILLIAMSON COUNTY<br><input type="checkbox"/> SPV <input type="checkbox"/> Appraisal Value \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 1 Year <u>2018</u> 3 Make <u>Hyundai</u> 4 Body Style <u>Sedan</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 5 Model <u>SANATA</u> 6 Major Color <u>NC910</u> 7 Minor Color _____ |  | 8 Odometer Reading (no tenths) <u>128,320</u> 10 This is the Actual Mileage unless the mileage is<br><input type="checkbox"/> Not Actual <input type="checkbox"/> Exceeds Mechanical Limits <input type="checkbox"/> Exempt |  | 11 Empty Weight <u>4800</u> 12 Carrying Capacity (if any) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                      |  |                                                                                                                                                                                                                             |  | 13 _____ EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 15 ID Type <input type="checkbox"/> U S Driver License/ID Card (issued by _____) <input type="checkbox"/> NATO ID <input type="checkbox"/> U S Dept of State ID<br><input checked="" type="checkbox"/> Passport (issued by <u>Cuba</u> ) <input type="checkbox"/> U S Military ID <input type="checkbox"/> U S Dept of Homeland Security ID<br><input type="checkbox"/> U S Citizenship & Immigration Services/DOJ ID <input type="checkbox"/> Other Military Status of Forces Photo ID                                                                                                                                                                                                                                                                                                 |  |                                                                      |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 16 Applicant Entity Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 17 Applicant Name                                                    |  | 18 Applicant Address                                                                                                                                                                                                        |  | 19 Applicant County of Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | _____                                                                |  | _____                                                                                                                                                                                                                       |  | <u>Williamson County</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 20 Previous Owner Name (or Entity Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 21 Dealer GDN (if applicable)                                        |  | 22 Unit No (if applicable)                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | _____                                                                |  | _____                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 23 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 24 Renewal Notice Mailing Address (if different)                     |  | 25 Applicant Phone Number (optional)                                                                                                                                                                                        |  | 26 Email (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | _____                                                                |  | _____                                                                                                                                                                                                                       |  | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 27 Registration Renewal eReminder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 28 Communication Impediment?                                         |  | 29 Vehicle Location Address (if different)                                                                                                                                                                                  |  | 30 Multiple (Additional) Liens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <input type="checkbox"/> Yes (Provide Email in #26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Yes (Attach Form VTR 216)                   |  | _____                                                                                                                                                                                                                       |  | <input type="checkbox"/> Yes (Attach Form VTR 267)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 31 Electronic Title Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 32 Certified/eTitle Lienholder ID Number (if any)                    |  | 33 First Lien Date (if any)                                                                                                                                                                                                 |  | 34 First Lienholder Name (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> Yes (Cannot check #30)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | _____                                                                |  | _____                                                                                                                                                                                                                       |  | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 35 Check only if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 36 Trade In (if any)                                                 |  | 37 Additional Trade In(s)                                                                                                                                                                                                   |  | 38 Check only if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> I hold Motor Vehicle Retailer (Rental) Permit No _____ and will satisfy the minimum tax liability (V A T S , Tax Code §152 046(c))<br><input type="checkbox"/> I am a dealer or lessor and qualify to take the Fair Market Value Deduction (V A T S Tax Code §152 002(c)) GDN or Lessor Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> Yes (Complete)                              |  | <input type="checkbox"/> Yes                                                                                                                                                                                                |  | <input type="checkbox"/> (a) Sales Price (\$ _____ rebate has been deducted) \$ <u>1500</u><br><input type="checkbox"/> (b) Less Trade in Amount described in Box 36 above \$ _____<br><input type="checkbox"/> (c) For Dealers/Lessors/Rental ONLY – Fair Market Value Deduction described in Box 36 above \$ _____<br><input type="checkbox"/> (d) Taxable Amount (Item a minus Item b or Item c) \$ _____<br><input type="checkbox"/> (e) 6 25% Tax on Taxable Amount (Multiply Item d by .0625) \$ _____<br><input type="checkbox"/> (f) Late Tax Payment Penalty <input type="checkbox"/> 5% or <input type="checkbox"/> 10% \$ _____<br><input type="checkbox"/> (g) Tax Paid to _____ (STATE) \$ _____<br><input type="checkbox"/> (h) AMOUNT OF TAX AND PENALTY DUE \$ <u>211.25</u><br>(Item e plus Item f minus Item g) |  |
| <b>SALES AND USE TAX COMPUTATION</b><br><input type="checkbox"/> \$90 New Resident Tax – (Previous State) _____<br><input type="checkbox"/> \$5 Even Trade Tax _____<br><input type="checkbox"/> \$10 Gift Tax – Attach Comptroller Form 14 317 _____<br><input type="checkbox"/> \$65 Rebuilt Salvage Fee _____<br><input type="checkbox"/> 2 5% Emissions Fee (Diesel Vehicles 1996 and Older > 14 000 lbs ) _____<br><input type="checkbox"/> 1 % Emissions Fee (Diesel Vehicles 1997 and Newer > 14 000 lbs ) _____<br><input type="checkbox"/> Exemption claimed under the Motor Vehicle Sales and Use Tax Law because _____<br><input checked="" type="checkbox"/> \$28 or \$33 Application Fee for Texas Title (Contact your county tax assessor collector for the correct fee ) |  |                                                                      |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>CERTIFICATION – State law makes falsifying information a third degree felony</b><br>I certify all statements in this document are true and correct to the best of my knowledge and belief and I am eligible for title and/or registration (as applicable) I also certify (check if applicable) <input type="checkbox"/> I have physically inspected the vehicle described and verified the vehicle identification number above <input type="checkbox"/> The vehicle is unrecovered stolen and I am unable to verify the vehicle identification number above <input type="checkbox"/> I am applying for a corrected title and the original Texas Certificate of Title is lost or destroyed                                                                                            |  |                                                                      |  |                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Signature(s) of Additional Applicant(s)/Owner(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Printed Name(s) (Same as Signature(s)) _____                         |  | Date _____                                                                                                                                                                                                                  |  | Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Signature(s) of Additional Applicant(s)/Owner(s) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Printed Name(s) (Same as Signature(s)) _____                         |  | Date _____                                                                                                                                                                                                                  |  | Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

# Application for Texas Title and/or Registration

## General Instructions

With a few exceptions, you are entitled to be informed about the information the department collects about you. The Texas Government Code entitles you to receive and review the information and to request that the department correct any information about you that is incorrect. Please contact the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000 for details.

This form must be completed and submitted to a county tax assessor-collector's office accompanied by any required application fee, supporting documents, registration fee, if applicable, and any motor vehicle tax due. An application form may be reproduced or faxed. A completed form must contain the original signature of the buyer. The seller's signature may be reproduced or faxed. All title applications must include one of the government-issued photo IDs listed in Box 15. Detailed instructions for completing this form are located in the *Detailed Instructions for Application for Texas Title and/or Registration* (Form VTR-130-UIF).

### AVAILABLE HELP

- For assistance in completing this form, contact your county tax assessor-collector.
- For information about motor vehicle sales and use tax or emission fees, contact the Texas Comptroller of Public Accounts, Tax Assistance Section, at 1-800-252-1382 toll free nationwide or call 512-463-4600.
- For title or registration information, contact your county tax assessor-collector or the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000.

## Additional Details

**Title Only** License plates and registration insignia previously issued for this motor vehicle must be surrendered in accordance with Transportation Code §501.0275, if applicable, unless this vehicle displays a license plate under an applicable status of forces agreement. The following types of vehicles are not eligible for Title Only: construction machinery (unconventional vehicles), water well drilling units, machinery used exclusively for drilling water wells, construction machinery not designed to transport persons or property, implements of husbandry, farm equipment (including combines), golf carts, slow moving vehicles, or any vehicle with a suspended or revoked title.

**Registration Purposes Only** Do not surrender an original out of state title with this application. A Texas title will NOT be issued for a vehicle applying for Registration Purposes Only. The receipt issued upon filing this application will serve as the registration receipt and proof of application for Registration Purposes Only.

- **Foreign Vehicles** Foreign vehicles applying for Registration Purposes Only must attach DOT Form HS-7 or U.S. Customs Form CF-7501 to indicate the vehicle is 1) over 25 years old, or 2) complies with Federal Motor Vehicle Safety Standards, or 3) is being imported in the United States for a temporary period by a nonresident or a member of the armed forces of a foreign country on assignment in the U.S., and does not conform to the Federal Motor Vehicle Standards and cannot be sold in the U.S.

**Nontitle Registration** Certain trailers, farm equipment, construction machinery, oil well servicing machinery, water well drilling units, etc. are either exempt from, or not eligible for title, but are eligible for, or required to, obtain registration or a specialty plate in order to operate on the highway. Applicants should mark this box only when applicable. **Note** A lien cannot be recorded on this type of application.

## Notice

- The sales and use tax must be paid to the county tax assessor-collector within 30 days from the date of purchase or entry of the vehicle into Texas.
- A \$2.50 transfer fee is paid to transfer current registration to the new owner in addition to the title application fee and other applicable fees. If the registration is not current, full registration fees are due unless applying for Title Only.
- A 6.25 percent motor vehicle sales and use tax is imposed on the sales price (less trade-in allowance) of motor vehicles for use in Texas or a motor vehicle purchased outside of the state and later brought into this state by a Texas resident.
- Standard Presumptive Value (SPV) applies to private-party sales of most used motor vehicles purchased or brought into Texas. The tax is computed on the greater of the sales price or 80 percent of the SPV on the day of title application.
- New Texas residents are subject to a \$90 use tax on a vehicle brought into this state that was previously registered to the new resident in another state or foreign country. This is in lieu of the 6.25 percent use tax imposed on a Texas resident.
- A \$10 gift tax is due when a person receives a motor vehicle as a gift from an immediate family member, guardian, or a decedent's estate. A vehicle donated to, or given by, a non-profit service organization qualifying under IRC 501(c)(3) is also taxed as a gift. Both donor and recipient must sign the Comptroller's joint affidavit, *Affidavit of Motor Vehicle Gift Transfer* (Form 14-317). The affidavit and the title application must be submitted in person by either the donor or recipient.
- A transaction in which a motor vehicle is transferred to another person without payment of consideration and one that does not qualify as a gift described above is a sale and will be subject to tax calculated on the vehicle's standard presumptive value.
- A late penalty equal to 5 percent of the tax will be charged if the tax or surcharge is paid from 1 to 30 calendar days late. If more than 30 calendar days late, the penalty will be 10 percent of the tax, minimum penalty is \$1.
- In addition to the late tax payment penalty, Texas Transportation Code provides for an escalating delinquent transfer penalty of up to \$250 for failure to apply for title within 30 days from the date of title assignment. Submit this application along with proper evidence of ownership and appropriate valid proof of financial responsibility such as a liability insurance card or policy.
- All new residents applying for a Texas title and registration for a motor vehicle must file at a county tax assessor-collector's office within 30 days of establishing residency. Texas law requires that all vehicles previously registered and titled or registered in another state or country must have the vehicle identification number verified before such vehicles may be registered in Texas. The verification may occur through an emissions inspection performed by a state-appointed inspection station, or through self-certification by the applicant on this form.

Upon sale of this vehicle, the purchaser must apply for a new title within 30 days unless the vehicle is purchased by a dealer. Until a new title is issued, the vehicle record will continue to reflect the owner's name listed on the current title. SEE BACK OF TAB FOR ADDITIONAL INFORMATION



017943



TEXAS CERTIFICATE OF TITLE

TEXAS DEPARTMENT OF MOTOR VEHICLES



YEAR MODEL  
2018

MAKE OF VEHICLE  
HYUN

BODY STYLE  
4D

TITLE/DOCUMENT NUMBER



DATE TITLE ISSUED

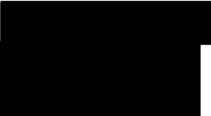
07/24/2025

MODEL

WEIGHT

SON

4800



ODOMETER READING

118273

REMARK(S)

ACTUAL MILEAGE  
REBUILT SALVAGE -  
ISSUED BY OK

X \_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT MUST BE IN INK

UNLESS OTHERWISE AUTHORIZED BY LAW IT IS A VIOLATION OF STATE LAW TO SIGN THE NAME OF ANOTHER PERSON ON A CERTIFICATE OF TITLE OR OTHERWISE GIVE FALSE INFORMATION ON A CERTIFICATE OF TITLE.

DATE OF LIEN

1ST LIENHOLDER

NONE

1ST LIEN RELEASED \_\_\_\_\_  
DATE

BY \_\_\_\_\_  
AUTHORIZED AGENT

DATE OF LIEN

2ND LIENHOLDER

2ND LIEN RELEASED \_\_\_\_\_  
DATE

BY \_\_\_\_\_  
AUTHORIZED AGENT

DATE OF LIEN

3RD LIENHOLDER

3RD LIEN RELEASED \_\_\_\_\_  
DATE

BY \_\_\_\_\_  
AUTHORIZED AGENT

IT IS HEREBY CERTIFIED THAT THE PERSON NAMED IN THIS TITLE IS THE OWNER OF THE VEHICLE DESCRIBED ABOVE WHICH IS SUBJECT TO THE ABOVE LIENS

RIGHTS OF SURVIVORSHIP AGREEMENT  
WE THE MARRIED PERSONS WHOSE SIGNATURES APPEAR HEREIN HEREBY AGREE THAT THE OWNERSHIP OF THE VEHICLE DESCRIBED ON THIS CERTIFICATE OF TITLE SHALL FROM THIS DAY FORWARD BE HELD JOINTLY AND IN THE EVENT OF DEATH OF ANY OF THE PERSONS NAMED IN THE AGREEMENT THE OWNERSHIP OF THE VEHICLE SHALL VEST IN THE SURVIVOR

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE

When you sell or trade in a vehicle, remove your liability for the vehicle by filing an online Vehicle Transfer Notification at [www.TxDMV.gov](http://www.TxDMV.gov)

The Vehicle Transfer Notification must be filed within 30 days from the date of sale to remove your liability

Before you buy, do a Title Check For more information, go to [www.TxDMV.gov](http://www.TxDMV.gov) and click on the "Title Check" icon

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>WHEN VEHICLE IS SOLD, TITLE HOLDER MUST ASSIGN AND FURNISH THIS TITLE INDICATING A DATE OF SALE TO THE PURCHASER WHO MUST FILE APPLICATION WITH COUNTY TAX ASSESSOR-COLLECTOR WITHIN 30 DAYS TO AVOID PENALTY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| <b>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</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| ASSIGNMENT OF TITLE                                                                                                                                                                                                  | I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked<br><input type="checkbox"/> 1 The mileage stated is in excess of its mechanical limits<br><input type="checkbox"/> 2 The odometer reading is not the actual mileage WARNING ODOMETER DISCREPANCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                                      | ODOMETER READING <u>128320</u><br>Date of Sale <u>10-21-25</u><br>Agent <u>[Redacted]</u><br>I am aware of the above odometer certification made by the seller/agent<br>Signature of Purchaser/Agent <u>[Redacted]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| FIRST REASSIGNMENT DEALER ONLY                                                                                                                                                                                       | The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens except as noted herein and has been transferred to the following printed name and address<br>Name of Purchaser _____ Street _____ City _____ State _____ Zip _____<br>I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked<br><input type="checkbox"/> 1 The mileage stated is in excess of its mechanical limits<br><input type="checkbox"/> 2 The odometer reading is not the actual mileage WARNING ODOMETER DISCREPANCY<br>ODOMETER READING (No Tenths) _____<br>Date of Sale _____ Dealer's Name _____<br>Agent's Signature _____ Printed Name (same as signature) _____<br>I am aware of the above odometer certification made by the seller/agent<br>Signature of Purchaser/Agent _____ Printed Name (same as signature) _____ |  |  |
|                                                                                                                                                                                                                      | The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens except as noted herein and has been transferred to the following printed name and address<br>Name of Purchaser _____ Street _____ City _____ State _____ Zip _____<br>I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked<br><input type="checkbox"/> 1 The mileage stated is in excess of its mechanical limits<br><input type="checkbox"/> 2 The odometer reading is not the actual mileage WARNING ODOMETER DISCREPANCY<br>ODOMETER READING (No Tenths) _____<br>Date of Sale _____ Dealer's Name _____<br>Agent's Signature _____ Printed Name (same as signature) _____<br>I am aware of the above odometer certification made by the seller/agent<br>Signature of Purchaser/Agent _____ Printed Name (same as signature) _____ |  |  |
| LIEN                                                                                                                                                                                                                 | LIENHOLDER TO BE RECORDED AND SHOWN ON NEW TITLE<br>1ST LIEN IN FAVOR OF (NAME & ADDRESS) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |

TITLE APPLICATION RECEIPT



PROCESSING COUNTY: TRAVIS  
RESIDENT COUNTY: TRAVIS  
PLATE NO: [REDACTED]  
DOCUMENT NO: [REDACTED]  
PREV DOC NO: [REDACTED]

TAC NAME: [REDACTED]  
DATE: 07/16/2025  
TIME: 04:12PM  
EMPLOYEE ID: CAMACHO  
02/26/2025 (P)

EFFECTIVE DATE: 07/16/2025  
EXPIRATION DATE: 1/2026  
TRANSACTION ID: [REDACTED]

REGISTRATION CLASS: PASSENGER-LESS/EQL 6000  
PLATE TYPE: PASSENGER-TRUCK PLT  
ORGANIZATION:  
STICKER TYPE: WS

VEHICLE IDENTIFICATION NO: [REDACTED] VEHICLE CLASSIFICATION: PASS  
YR/MAKE: 2018/HYUN MODEL: SON BODY STYLE: 4D UNIT NO:  
EMPTY WT: 4800 CARRYING CAPACITY: 0 GROSS WT: 4800 TRAILER TYPE:  
BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SOFT: 0'0"  
PREV OWNER NAME: [REDACTED] PREV CITY/STATE: PFLUGERVILL, TX

INVENTORY ITEM(S) YR  
PASSENGER-TRUCK PLT  
WINDSHIELD STICKER 2026

VEHICLE RECORD NOTATIONS  
ACTUAL MILEAGE  
REBUILT SALVAGE - ISSUED BY  
(OK)  
PAPER TITLE  
MAJOR COLOR: BLACK  
FUEL TYPE: GAS

|                       |           |
|-----------------------|-----------|
| FEES ASSESSED         |           |
| TITLE APPLICATION FEE | \$ 13.00  |
| TERP TITLE FEE        | \$ 20.00  |
| SALES TAX FEE         | \$ 265.00 |
| TRANSFER              | \$ 2.50   |
| AUTOMATION FEE        | \$ 0.50   |
| TOTAL                 | \$ 301.00 |

ODOMETER READING: 118273 BRAND: A  
OWNERSHIP EVIDENCE: TEXAS TITLE  
1ST LIEN

SALES TAX CATEGORY: SALES/USE

|                                    |                |
|------------------------------------|----------------|
| Date of Assignment/Sales Tax Date: | 07/16/2025     |
| Sales Price                        | \$ 4,240.00    |
| Less Trade In Allowance            | \$ 0.00        |
| Taxable Amount                     | \$ 4,240.00    |
| Sales Tax Paid                     | \$ 265.00      |
| Less Other State Tax Paid          | \$ 0.00        |
| Tax Penalty                        | \$ 0.00        |
| TOTAL TAX PAID                     | \$ 265.00      |
| Batch No: 3164585201               | Batch Count: 3 |

2ND LIEN

3RD LIEN

XFF6467 [Barcode]

01 26  
TRAVIS JH637103

VOID  
DO NOT USE/  
NO USE

## REPLACEMENTS

☐

### REPLACEMENT LICENSE RECEIPT

I, the undersigned, state my original license plate(s) and/or sticker(s) have been lost, stolen, mutilated, or need replacement for cosmetic or readability reasons, and any current plate(s) and/or sticker(s) remaining in my possession to be replaced have been returned to the county tax assessor-collector. I further state that the replacement plate(s) and/or sticker(s) will not be used on any vehicle other than the vehicle described on the front of this receipt and the plate(s) and/or sticker(s) being replaced, if recovered, will not be used on any vehicle.

X

\_\_\_\_\_  
(Signature of Owner or Agent)

## TEMPORARY TIMED PERMITS

☐

### 72-HOUR / 144-HOUR PERMITS

The 72-Hour and 144-Hour Permits are issued for commercial vehicles not authorized to travel on public roads for lack of registration or reciprocity where the vehicle is registered. The applicant, by signing this form in the space provided, certifies the:

1. vehicle will not be operated in violation of Transportation Code: Section 502.094
2. applicant is the owner or authorized agent of the owner of the vehicle described on the face of this receipt
3. applicant is a resident of the United States, Mexico, or Canada
4. vehicle is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

## TEMPORARY REGISTRATION LICENSE PLATES

☐

### ONE-TRIP LICENSE PLATE

The One-Trip license plate is valid only for the transit of a vehicle. It shall not be used for the transportation of any passenger or property for compensation or otherwise unless the vehicle is a bus operating under charter and not covered by a reciprocity agreement with its registration jurisdiction. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt:

1. will not be operated in violation of Transportation Code, Section 502.095
2. will not carry a load, fixed or otherwise
3. is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

☐

### 30-DAY LICENSE PLATE

The 30-Day license plate is valid for use on passenger vehicles, private buses, trailers, and semitrailers, with a gross weight not exceeding 10,000 lbs. and light commercial vehicles not exceeding a gross weight of 10,000 lbs. A light commercial vehicle exceeding 10,000 lbs. may use this license plate if operating unladen. The customer can extend the period of a 30-Day license plate without replacing the license plate. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt:

1. will not be operated in violation of Transportation Code, Section 502.095
2. is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

**NOTE:** The applicant, by signing this form in the space provided, hereby certifies the applicant is not purchasing this permit or license plate as a result of being apprehended for violating the registration laws of this state.

X

\_\_\_\_\_  
(Signature of Owner or Agent)

### WARNING:

#### TRANSPORTATION CODE, SECTION 502.410

A person commits an offense if the person violates a provision of this chapter, and no other penalty is prescribed for the violation.

# Application for Texas Title and/or Registration

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                |  |                              |  |                                                                                                                                              |  |                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|
| <b>Applying for (please check one):</b><br><input checked="" type="checkbox"/> Title & Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Registration Purposes Only <input type="checkbox"/> Nontitle Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                |  | <b>TAX OFFICE USE ONLY</b>                                                                                                                                                                                                                                     |  |                              |  |                                                                                                                                              |  |                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |
| For a corrected title or registration, check reason:<br><input type="checkbox"/> Vehicle Description <input type="checkbox"/> Add/Remove Lien <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                |  | County: <u>227</u><br>Doc #: _____<br><input type="checkbox"/> SPV <input type="checkbox"/> Appraisal Value \$ <u>92407116125</u>                                                                                                                              |  |                              |  |                                                                                                                                              |  |                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |
| 1. Year <u>2018</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 2. Make <u>HYUNDAI</u>                                                                                                                                                         |  | 3. Body Style <u>CEDAN</u>                                                                                                                                                                                                                                     |  | 4. Model <u>SE</u>           |  | 5. Major Color <u>NEGRO</u>                                                                                                                  |  | 6. Minor Color _____ |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |
| 7. Odometer Reading (no tenths) <u>118,203</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 8. This is the Actual Mileage unless the mileage is:<br><input type="checkbox"/> Not Actual <input type="checkbox"/> Exceeds Mechanical Limits <input type="checkbox"/> Exempt |  |                                                                                                                                                                                                                                                                |  | 9. Empty Weight <u>31800</u> |  | 10. Carrying Capacity (if any) _____                                                                                                         |  |                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |
| 11. Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                |  | 12. _____ or FEIN/EIN                                                                                                                                                                                                                                          |  |                              |  |                                                                                                                                              |  |                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |
| 13. ID Type<br><input checked="" type="checkbox"/> U.S. Driver License/ID Card (issued by: <u>TX</u> )<br><input type="checkbox"/> Passport (issued by: _____)<br><input type="checkbox"/> U.S. Citizenship & Immigration Services/DOJ ID                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                |  | <input type="checkbox"/> NATO ID <input type="checkbox"/> U.S. Dept. of State ID<br><input type="checkbox"/> U.S. Military ID <input type="checkbox"/> U.S. Dept. of Homeland Security ID<br><input type="checkbox"/> Other Military Status of Forces Photo ID |  |                              |  |                                                                                                                                              |  |                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            |  |
| 14. Applicant First Name (or Entity Name) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                |  | Middle Name _____                                                                                                                                                                                                                                              |  |                              |  | Last Name _____                                                                                                                              |  |                      |  | Suffix (if any) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |  |
| 15. Applicant Mailing Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                |  | City _____                                                                                                                                                                                                                                                     |  |                              |  | State _____                                                                                                                                  |  |                      |  | Zip _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  |
| 16. Previous Owner Name (or Entity Name) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                |  | City _____                                                                                                                                                                                                                                                     |  |                              |  | State _____                                                                                                                                  |  |                      |  | Zip _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  |
| 17. Renewal Recipient First Name (or Entity Name) (if different) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                |  | Middle Name _____                                                                                                                                                                                                                                              |  |                              |  | Last Name _____                                                                                                                              |  |                      |  | Suffix (if any) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |  |
| 18. Renewal Notice Mailing Address (if different) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                |  | City _____                                                                                                                                                                                                                                                     |  |                              |  | State _____                                                                                                                                  |  |                      |  | Zip _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  |
| 19. Applicant Phone Number (optional) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                |  | 20. Email (optional) _____                                                                                                                                                                                                                                     |  |                              |  | 21. Registration Renewal eReminder<br><input type="checkbox"/> Yes (Provide Email in #26) <input type="checkbox"/> Yes (Attach Form VTR-216) |  |                      |  | 22. Communication Impediment?<br><input type="checkbox"/> Yes (Attach Form VTR-216)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                            |  |
| 23. Vehicle Location Address (if different) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                |  | City _____                                                                                                                                                                                                                                                     |  |                              |  | State _____                                                                                                                                  |  |                      |  | Zip _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                            |  |
| 24. Multiple (Additional) Liens<br><input type="checkbox"/> Yes (Attach Form VTR-267)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                |  | 25. Electronic Title Request<br><input type="checkbox"/> Yes (Cannot check #30)                                                                                                                                                                                |  |                              |  | 26. Certified/eTitle Lienholder ID Number (if any) _____                                                                                     |  |                      |  | 27. First Lien Date (if any) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                            |  |
| 28. First Lienholder Name (if any) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                |  | Mailing Address _____                                                                                                                                                                                                                                          |  |                              |  | City <u>NONE</u>                                                                                                                             |  |                      |  | State _____ Zip _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |  |
| 35. Check only if applicable:<br><input type="checkbox"/> I hold Motor Vehicle Retailer (Rental) Permit No. _____ and will satisfy the minimum tax liability (V.A.T.S., Tax Code §152.046(c)).<br><input type="checkbox"/> I am a dealer or lessor and qualify to take the Fair Market Value Deduction (V.A.T.S., Tax Code, §152.002(c)). GDN or Lessor Number _____                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                |  |                              |  |                                                                                                                                              |  |                      |  | 36. Trade-In (if any) _____<br><input type="checkbox"/> Yes (Complete)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 37. Additional Trade-In(s)<br><input type="checkbox"/> Yes |  |
| 38. Check only if applicable:<br><input checked="" type="checkbox"/> (a) Sales Price (\$ _____ rebate has been deducted) \$ <u>3000</u><br>(b) Less Trade-in Amount, described in Box 36 above \$ (_____)<br>(c) For Dealers/Lessors/Rental ONLY – Fair Market Value Deduction, described in Box 36 above \$ (_____)<br>(d) Taxable Amount (Item a minus Item b or Item c) \$ _____<br>(e) 6.25% Tax on Taxable Amount (Multiply Item d by .0625) \$ _____<br>(f) Late Tax Payment Penalty <input type="checkbox"/> 5% or <input type="checkbox"/> 10% \$ _____<br>(g) Tax Paid to _____ (STATE) \$ _____<br>(h) AMOUNT OF TAX AND PENALTY DUE (Item e plus Item f minus Item g) \$ _____ |  |                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                |  |                              |  |                                                                                                                                              |  |                      |  | <b>SALES AND USE TAX COMPUTATION</b><br><input type="checkbox"/> \$90 New Resident Tax – (Previous State) _____<br><input type="checkbox"/> \$5 Even Trade Tax<br><input type="checkbox"/> \$10 Gift Tax – Attach Comptroller Form 14-317<br><input type="checkbox"/> \$65 Rebuilt Salvage Fee<br><input type="checkbox"/> 2.5% Emissions Fee (Diesel Vehicles 1996 and Older > 14,000 lbs.) _____<br><input type="checkbox"/> 1 % Emissions Fee (Diesel Vehicles 1997 and Newer > 14,000 lbs.) _____<br><input type="checkbox"/> Exemption claimed under the Motor Vehicle Sales and Use Tax Law because: _____<br><input checked="" type="checkbox"/> \$28 or \$33 Application Fee for Texas Title<br>(Contact your county tax assessor-collector for the correct fee.) |  |                                                            |  |

**CERTIFICATION – State law makes falsifying information a third degree felony**  
I certify all statements in this document are true and correct to the best of my knowledge and belief, and I am eligible for title and/or registration (as applicable). I also certify (check if applicable): ☐ I have physically inspected the vehicle described and verified the vehicle identification number above. ☐ The vehicle is unrecovered stolen, and I am unable to verify the vehicle identification number above. ☐ I am applying for a corrected title and the original Texas Certificate of Title is lost or destroyed.

|                                                            |                                                 |                           |
|------------------------------------------------------------|-------------------------------------------------|---------------------------|
| Signature(s) of Seller(s), Donor(s), or Trader(s)<br>_____ | Printed Name(s) (Same as Signature(s))<br>_____ | Date<br><u>07/16/2024</u> |
| Signature of Applicant/Owner<br>_____                      | Printed Name (Same as Signature)<br>_____       | Date<br>_____             |
| Signature(s) of Additional Applicant(s)/Owner(s)<br>_____  | Printed Name(s) (Same as Signature(s))<br>_____ | Date<br>_____             |

# Application for Texas Title and/or Registration

## General Instructions

With a few exceptions, you are entitled to be informed about the information the department collects about you. The Texas Government Code entitles you to receive and review the information and to request that the department correct any information about you that is incorrect. Please contact the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000 for details.

This form must be completed and submitted to a county tax assessor-collector's office accompanied by any required application fee, supporting documents, registration fee, if applicable, and any motor vehicle tax due. An application form may be reproduced or faxed. A completed form must contain the original signature of the buyer. The seller's signature may be reproduced or faxed. All title applications must include one of the government-issued photo IDs listed in Box 15. Detailed instructions for completing this form are located in the *Detailed Instructions for Application for Texas Title and/or Registration* (Form VTR-130-UIF).

### AVAILABLE HELP

- For assistance in completing this form, contact your county tax assessor-collector.
- For information about motor vehicle sales and use tax or emission fees, contact the Texas Comptroller of Public Accounts, Tax Assistance Section, at 1-800-252-1382 toll free nationwide or call 512-463-4600.
- For title or registration information, contact your county tax assessor-collector or the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000.

## Additional Details

**Title Only:** License plates and registration insignia previously issued for this motor vehicle must be surrendered in accordance with Transportation Code §501.0275, if applicable, unless this vehicle displays a license plate under an applicable status of forces agreement. The following types of vehicles are not eligible for Title Only: construction machinery (unconventional vehicles), water well drilling units, machinery used exclusively for drilling water wells, construction machinery not designed to transport persons or property, implements of husbandry, farm equipment (including combines), golf carts, slow moving vehicles, or any vehicle with a suspended or revoked title.

**Registration Purposes Only:** Do not surrender an original out of state title with this application. A Texas title will NOT be issued for a vehicle applying for Registration Purposes Only. The receipt issued upon filing this application will serve as the registration receipt and proof of application for Registration Purposes Only.

- **Foreign Vehicles:** Foreign vehicles applying for Registration Purposes Only must attach DOT Form HS-7 or U.S. Customs Form CF-7501 to indicate the vehicle is: 1) over 25 years old, or 2) complies with Federal Motor Vehicle Safety Standards, or 3) is being imported in the United States for a temporary period by a nonresident or a member of the armed forces of a foreign country on assignment in the U.S., and does not conform to the Federal Motor Vehicle Standards and cannot be sold in the U.S.

**Nontitle Registration:** Certain trailers, farm equipment, construction machinery, oil well servicing machinery, water well drilling units, etc. are either exempt from, or not eligible for title, but are eligible for, or required to, obtain registration or a specialty plate in order to operate on the highway. Applicants should mark this box only when applicable. **Note:** A lien cannot be recorded on this type of application.

## Notice

- The sales and use tax must be paid to the county tax assessor-collector within 30 days from the date of purchase or entry of the vehicle into Texas.
- A \$2.50 transfer fee is paid to transfer current registration to the new owner in addition to the title application fee and other applicable fees. If the registration is not current, full registration fees are due unless applying for Title Only.
- A 6.25 percent motor vehicle sales and use tax is imposed on the sales price (less trade-in allowance) of motor vehicles for use in Texas or a motor vehicle purchased outside of the state and later brought into this state by a Texas resident.
- Standard Presumptive Value (SPV) applies to private-party sales of most used motor vehicles purchased or brought into Texas. The tax is computed on the greater of the sales price or 80 percent of the SPV on the day of title application.
- New Texas residents are subject to a \$90 use tax on a vehicle brought into this state that was previously registered to the new resident in another state or foreign country. This is in lieu of the 6.25 percent use tax imposed on a Texas resident.
- A \$10 gift tax is due when a person receives a motor vehicle as a gift from an immediate family member, guardian, or a decedent's estate. A vehicle donated to, or given by, a non-profit service organization qualifying under IRC 501(c)(3) is also taxed as a gift. Both donor and recipient must sign the Comptroller's joint affidavit, *Affidavit of Motor Vehicle Gift Transfer* (Form 14-317). The affidavit and the title application must be submitted in person by either the donor or recipient.
- A transaction in which a motor vehicle is transferred to another person without payment of consideration and one that does not qualify as a gift described above is a sale and will be subject to tax calculated on the vehicle's standard presumptive value.
- A late penalty equal to 5 percent of the tax will be charged if the tax or surcharge is paid from 1 to 30 calendar days late. If more than 30 calendar days late, the penalty will be 10 percent of the tax; minimum penalty is \$1.
- In addition to the late tax payment penalty, Texas Transportation Code provides for an escalating delinquent transfer penalty of up to \$250 for failure to apply for title within 30 days from the date of title assignment. Submit this application along with proper evidence of ownership and appropriate valid proof of financial responsibility such as a liability insurance card or policy.
- All new residents applying for a Texas title and registration for a motor vehicle must file at a county tax assessor-collector's office within 30 days of establishing residency. Texas law requires that all vehicles previously registered and titled or registered in another state or country must have the vehicle identification number verified before such vehicles may be registered in Texas. The verification may occur through an emissions inspection performed by a state appointed inspection station, or through self-certification by the applicant on this form.

# TEXAS CERTIFICATE OF TITLE



TEXAS DEPARTMENT OF MOTOR VEHICLES

[REDACTED]

YEAR MODEL  
**2018**

MAKE OF VEHICLE  
**HYUN**

BODY STYLE  
**4D**

TITLE/DOCUMENT NUMBER

[REDACTED]

DATE TITLE ISSUED

**02/26/2025**

MODEL

**SON**

WEIGHT

**4800**

LICENSE NUMBER

**WDH8420**

[REDACTED]

ODOMETER READING

**112625**

OWNER

[REDACTED]

REMARK(S)

**ACTUAL MILEAGE  
REBUILT SALVAGE -  
ISSUED BY OK**

X \_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT MUST BE IN INK

UNLESS OTHERWISE AUTHORIZED BY LAW, IT IS A VIOLATION OF STATE LAW TO SIGN  
THE NAME OF ANOTHER PERSON ON A CERTIFICATE OF TITLE OR OTHERWISE GIVE FALSE  
INFORMATION ON A CERTIFICATE OF TITLE.

DATE OF LIEN

1ST LIENHOLDER

**NONE**

1ST LIEN RELEASED \_\_\_\_\_ DATE \_\_\_\_\_

BY \_\_\_\_\_  
AUTHORIZED AGENT

DATE OF LIEN

2ND LIENHOLDER

2ND LIEN RELEASED \_\_\_\_\_ DATE \_\_\_\_\_

BY \_\_\_\_\_  
AUTHORIZED AGENT

DATE OF LIEN

3RD LIENHOLDER

3RD LIEN RELEASED \_\_\_\_\_ DATE \_\_\_\_\_

BY \_\_\_\_\_  
AUTHORIZED AGENT

IT IS HEREBY CERTIFIED THAT THE PERSON NAMED IN THIS TITLE IS THE OWNER  
OF THE VEHICLE DESCRIBED ABOVE WHICH IS SUBJECT TO THE ABOVE LIENS.

**RIGHTS OF SURVIVORSHIP AGREEMENT**  
WE, THE MARRIED PERSONS WHOSE SIGNATURES APPEAR HEREIN, HEREBY  
AGREE THAT THE OWNERSHIP OF THE VEHICLE DESCRIBED ON THIS  
CERTIFICATE OF TITLE SHALL FROM THIS DAY FORWARD BE HELD JOINTLY,  
AND IN THE EVENT OF DEATH OF ANY OF THE PERSONS NAMED IN THE  
AGREEMENT, THE OWNERSHIP OF THE VEHICLE SHALL VEST IN THE SURVIVOR.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE

**WHEN VEHICLE IS SOLD, TITLE HOLDER MUST ASSIGN AND FURNISH THIS TITLE INDICATING A DATE OF SALE TO THE PURCHASER WHO MUST FILE APPLICATION WITH COUNTY TAX ASSESSOR-COLLECTOR WITHIN 30 DAYS TO AVOID PENALTY.**



**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.**

ASSIGNMENT  
OF TITLE

The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address:

[Redacted Name and Address]

Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

118273  
ODOMETER READING (No Terms)

☐ 1. The mileage stated is in excess of its mechanical limits.  
☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

Date of Sale 7/16/25  
Signature of Seller/Agent \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_

I am aware of the above odometer certification made by the seller/agent.  
Signature of Purchaser/Agent \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_

FIRST REASSIGNMENT  
DEALER ONLY

The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address:

Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

ODOMETER READING (No Terms)

☐ 1. The mileage stated is in excess of its mechanical limits.  
☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

Date of Sale \_\_\_\_\_ Dealer's Name \_\_\_\_\_ Dealer No. \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_

I am aware of the above odometer certification made by the seller/agent.  
Signature of Purchaser/Agent \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_

SECOND REASSIGNMENT  
DEALER ONLY

The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address:

Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

ODOMETER READING (No Terms)

☐ 1. The mileage stated is in excess of its mechanical limits.  
☐ 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

Date of Sale \_\_\_\_\_ Dealer's Name \_\_\_\_\_ Dealer No. \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_

I am aware of the above odometer certification made by the seller/agent.  
Signature of Purchaser/Agent \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_

**SURRENDERED**

LIEN

LIENHOLDER TO BE RECORDED AND SHOWN ON NEW TITLE:  
1ST LIEN IN FAVOR OF (NAME & ADDRESS) \_\_\_\_\_



Texas Department of Motor Vehicles

☐ **TITLE APPLICATION RECEIPT**



PROCESSING COUNTY HARRIS  
RESIDENT COUNTY TRAVIS  
PLATE NO [REDACTED]  
DOCUMENT NO [REDACTED]  
PREV DOC NO [REDACTED]

TAC NAME [REDACTED]  
DATE 02/18/2025  
TIME 03 55PM  
EMPLOYEE ID YALLESB  
08/23/2023 (P)

EFFECTIVE DATE 02/03/2025  
EXPIRATION DATE 1/2026  
TRANSACTION ID [REDACTED]

OWNER NAME AND ADDRESS  
[REDACTED]

REGISTRATION CLASS PASSENGER-LESS/EQL 6000  
PLATE TYPE PASSENGER-TRUCK PLT  
ORGANIZATION  
STICKER TYPE WS

VEHICLE IDENTIFICATION NO [REDACTED] VEHICLE CLASSIFICATION PASS  
YR/MAKE 2018/HYUN MODEL SON BODY STYLE 4D UNIT NO  
EMPTY WT 4800 CARRYING CAPACITY 0 GROSS WT 4800 TRAILER TYPE  
BODY VEHICLE IDENTIFICATION NO TVL TRLR L/W/SOFT 0 0"  
PREV OWNER NAME [REDACTED] PREV CITY/STATE [REDACTED]

INVENTORY ITEM(S) YR  
PASSENGER-TRUCK PLT  
WINDSHIELD STICKER 2026

VEHICLE RECORD NOTATIONS  
ACTUAL MILEAGE  
REBUILT SALVAGE - ISSUED BY  
(OK)  
PAPER TITLE  
MAJOR COLOR BLACK  
FUEL TYPE GAS

| FEES ASSESSED               |                  |
|-----------------------------|------------------|
| TITLE APPLICATION FEE       | \$ 13 00         |
| TERP TITLE FEE              | \$ 20 00         |
| SALES TAX FEE               | \$ 237 50        |
| BUYERS TAG                  | \$ 5 00          |
| WINDSHIELD STICKER          | \$ 50 75         |
| REG FEE-DPS                 | \$ 1 00          |
| CNTY ROAD BRIDGE ADD-ON FEE | \$ 10 00         |
| CHILD SAFETY FUND           | \$ 1 50          |
| INSPECTION REPLACEMENT FEE  | \$ 7 50          |
| EMISSIONS INSPECTION FEE    | \$ 2 75          |
| PROCESSING AND HANDLING FEE | \$ 4 75          |
| <b>TOTAL</b>                | <b>\$ 353 75</b> |

ODOMETER READING 112625 BRAND A  
OWNERSHIP EVIDENCE TEXAS TITLE  
1ST LIEN

2ND LIEN  
3RD LIEN

| SALES TAX CATEGORY                | SALES/USE        |
|-----------------------------------|------------------|
| Date of Assignment/Sales Tax Date | 01/09/2025       |
| Sales Price                       | \$ 3,800 00      |
| Less Trade In Allowance           | \$ 0 00          |
| Taxable Amount                    | \$ 3 800 00      |
| Sales Tax Paid                    | \$ 237 50        |
| Less Other State Tax Paid         | \$ 0 00          |
| Tax Penalty                       | \$ 0 00          |
| <b>TOTAL TAX PAID</b>             | <b>\$ 237 50</b> |
| Batch No 0294570401               | Batch Count 28   |

WDH8420



**01 26**  
TRAVIS JH637103

**VOID**  
DO NOT USE/  
NO USE

## REPLACEMENTS

### ☐ REPLACEMENT LICENSE RECEIPT

I the undersigned state my original license plate(s) and/or sticker(s) have been lost stolen, mutilated, or need replacement for cosmetic or readability reasons and any current plate(s) and/or sticker(s) remaining in my possession to be replaced have been returned to the county tax assessor-collector I further state that the replacement plate(s) and/or sticker(s) will not be used on any vehicle other than the vehicle described on the front of this receipt and the plate(s) and/or sticker(s) being replaced, if recovered, will not be used on any vehicle

X \_\_\_\_\_  
(Signature of Owner or Agent)

## TEMPORARY TIMED PERMITS

### ☐ 72-HOUR / 144-HOUR PERMITS

The 72-Hour and 144-Hour Permits are issued for commercial vehicles not authorized to travel on public roads for lack of registration or reciprocity where the vehicle is registered The applicant by signing this form in the space provided, certifies the

- 1 vehicle will not be operated in violation of Transportation Code, Section 502 094
- 2 applicant is the owner or authorized agent of the owner of the vehicle described on the face of this receipt
- 3 applicant is a resident of the United States, Mexico, or Canada
- 4 vehicle is not a junked, salvage, or nonrepairable vehicle

### CURRENT PROOF OF LIABILITY INSURANCE REQUIRED

### ☐ ONE-TRIP PERMIT

The One-Trip Permit is valid only for the transit of a vehicle It shall not be used for the transportation of any passenger or property for compensation or otherwise unless the vehicle is a bus operating under charter and not covered by a reciprocity agreement with its registration jurisdiction The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt

- 1 will not be operated in violation of Transportation Code, Section 502 095
- 2 will not carry a load, fixed or otherwise
- 3 is not a junked, salvage, or nonrepairable vehicle

### CURRENT PROOF OF LIABILITY INSURANCE REQUIRED

### ☐ 30-DAY PERMIT

The 30-Day Permit is valid for use on passenger vehicles motorcycles, private buses, trailers, and semitrailers, with a gross weight not exceeding 10,000 lbs and light commercial vehicles not exceeding a gross weight of 10,000 lbs A light commercial vehicle exceeding 10,000 lbs may use this permit if operating unladen The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt

- 1 will not be operated in violation of Transportation Code, Section 502 095
- 2 is not a junked, salvage, or nonrepairable vehicle

### CURRENT PROOF OF LIABILITY INSURANCE REQUIRED

**NOTE** The applicant, by signing this form in the space provided, hereby certifies the applicant is not purchasing this permit as a result of being apprehended for violating the registration laws of this state

X \_\_\_\_\_  
(Signature of Owner or Agent)

### WARNING

#### TRANSPORTATION CODE, SECTION 502 410

A person commits an offense if the person violates a provision of this chapter, and no other penalty is prescribed for the violation

# Application for Texas Title and/or Registration

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                |                       |                                                                                                                                                                               |                                                        |                                                                                    |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------|
| Applying for (please check one)<br><input checked="" type="checkbox"/> Title & Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Registration Purposes Only <input type="checkbox"/> Nontitle Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                |                       | <b>TAX OFFICE USE ONLY</b><br>County <u>701</u>                                                                                                                               |                                                        |                                                                                    |                               |
| For a corrected title or registration check reason<br><input type="checkbox"/> Vehicle Description <input type="checkbox"/> Add/Remove Lien <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                |                       | Doc # _____<br><input checked="" type="checkbox"/> SPV <input type="checkbox"/> Appraisal Value \$ <u>4420</u>                                                                |                                                        |                                                                                    |                               |
| 1 Vehicle Identification Number<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 2 Year<br><b>2018</b>                                                          | 3 Make<br><b>HYUN</b> | 4 Body Style<br><b>4D</b>                                                                                                                                                     | 5 Model<br><b>HYUN</b>                                 | 6 Major Color<br><b>BLACK</b>                                                      | 7 Minor Color<br><b>BROWN</b> |
| 8 Texas License Plate No.<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 9 Odometer Reading (no tenths)<br><b>112625</b>                                |                       | 10 This is the Actual Mileage unless the mileage is<br><input type="checkbox"/> Not Actual <input type="checkbox"/> Exceeds Mechanical Limits <input type="checkbox"/> Exempt |                                                        | 11 Empty Weight<br><b>3,200/800</b>                                                | 12 Carrying Capacity (if any) |
| 13 Applicant Type<br><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                |                       |                                                                                                                                                                               | 14 Applicant Photo ID Number or FEIN/EIN<br>[REDACTED] |                                                                                    |                               |
| 15 ID Type<br><input checked="" type="checkbox"/> U S Driver License/ID Card (issued by [REDACTED]) <input type="checkbox"/> NATO ID <input type="checkbox"/> U S Dept of State ID<br><input type="checkbox"/> Passport (issued by _____) <input type="checkbox"/> U S Military ID <input type="checkbox"/> U S Dept of Homeland Security ID<br><input type="checkbox"/> U S Citizenship & Immigration Services/DOJ ID <input type="checkbox"/> Other Military Status of Forces Photo ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                |                       |                                                                                                                                                                               |                                                        |                                                                                    |                               |
| 16 Applicant First Name (or Entity Name)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Middle Name                                                                    |                       | Last Name                                                                                                                                                                     |                                                        | Suffix (if any)                                                                    |                               |
| 17 Additional Applicant First Name (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Middle Name                                                                    |                       | Last Name                                                                                                                                                                     |                                                        | Suffix (if any)                                                                    |                               |
| 18 Applicant Mailing Address<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                |                       | City                                                                                                                                                                          |                                                        | State   Zip                                                                        |                               |
| 19 Applicant County of Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                |                       |                                                                                                                                                                               |                                                        |                                                                                    |                               |
| 20 Previous Owner Name (or Entity Name)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | City                                                                           |                       | State                                                                                                                                                                         |                                                        | 21 Dealer GDN (if applicable)                                                      |                               |
| 22 Unit No (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                |                       |                                                                                                                                                                               |                                                        |                                                                                    |                               |
| 23 Renewal Recipient First Name (or Entity Name) (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Middle Name                                                                    |                       | Last Name                                                                                                                                                                     |                                                        | Suffix (if any)                                                                    |                               |
| 24 Renewal Notice Mailing Address (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City                                                                           |                       | State                                                                                                                                                                         |                                                        | Zip                                                                                |                               |
| 25 Applicant Phone Number (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 26 Email (optional)                                                            |                       | 27 Registration Renewal eReminder<br><input type="checkbox"/> Yes (Provide Email in #26)                                                                                      |                                                        | 28 Communication Impediment?<br><input type="checkbox"/> Yes (Attach Form VTR 216) |                               |
| 29 Vehicle Location Address (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | City                                                                           |                       | State                                                                                                                                                                         |                                                        | Zip                                                                                |                               |
| 30 Multiple (Additional) Liens<br><input type="checkbox"/> Yes (Attach Form VTR 267)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 31 Electronic Title Request<br><input type="checkbox"/> Yes (Cannot check #30) |                       | 32 Certified/eTitle Lienholder ID Number (if any)                                                                                                                             |                                                        | 33 First Lien Date (if any)                                                        |                               |
| 34 First Lienholder Name (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Mailing Address                                                                |                       | City                                                                                                                                                                          |                                                        | State   Zip                                                                        |                               |
| 35 Check only if applicable<br><input type="checkbox"/> I hold Motor Vehicle Retailer (Rental) Permit No _____ and will satisfy the minimum tax liability (V A T S Tax Code §152.046(c))<br><input type="checkbox"/> I am a dealer or lessor and qualify to take the Fair Market Value Deduction (V A T S Tax Code §152.002(c)) GDN or Lessor Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                |                       |                                                                                                                                                                               |                                                        |                                                                                    |                               |
| 36 Trade In (if any)<br><input type="checkbox"/> Yes (Complete)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Year                                                                           |                       | Make                                                                                                                                                                          |                                                        | Vehicle Identification Number                                                      |                               |
| 37 Additional Trade In(s)<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                |                       |                                                                                                                                                                               |                                                        |                                                                                    |                               |
| 38 Check only if applicable<br><input type="checkbox"/> (a) Sales Price (\$ _____ rebate has been deducted)   \$ <u>3,800</u> <input type="checkbox"/> \$90 New Resident Tax – (Previous State) _____<br><input type="checkbox"/> (b) Less Trade-in Amount described in Box 36 above   \$ _____ <input type="checkbox"/> \$5 Even Trade Tax<br><input type="checkbox"/> (c) For Dealers/Lessors/Rental ONLY – Fair Market Value Deduction described in Box 36 above   \$ _____ <input type="checkbox"/> \$10 Gift Tax – Attach Comptroller Form 14-317<br><input type="checkbox"/> (d) Taxable Amount (Item a minus Item b or Item c)   \$ _____ <input type="checkbox"/> \$65 Rebuilt Salvage Fee<br><input type="checkbox"/> (e) 6.25% Tax on Taxable Amount (Multiply Item d by .0625)   \$ _____ <input type="checkbox"/> 2.5% Emissions Fee (Diesel Vehicles 1996 and Older > 14 000 lbs) _____<br><input type="checkbox"/> (f) Late Tax Payment Penalty <input type="checkbox"/> 5% or <input type="checkbox"/> 10%   \$ _____ <input type="checkbox"/> 1% Emissions Fee (Diesel Vehicles 1997 and Newer > 14 000 lbs) _____<br><input type="checkbox"/> (g) Tax Paid to _____ (STATE)   \$ _____ <input type="checkbox"/> Exemption claimed under the Motor Vehicle Sales and Use Tax Law because _____<br><input type="checkbox"/> (h) AMOUNT OF TAX AND PENALTY DUE (Item e plus Item f minus Item g)   \$ _____ <input type="checkbox"/> \$28 or \$33 Application Fee for Texas Title (Contact your county tax assessor collector for the correct fee) |  |                                                                                |                       |                                                                                                                                                                               |                                                        |                                                                                    |                               |
| <b>CERTIFICATION – State law makes falsifying information a third degree felony</b><br>I hereby certify all statements in this document are true and correct to the best of my knowledge and belief and I am eligible for title and/or registration (as applicable)<br><input type="checkbox"/> (Check only if applicable) I certify I am applying for a corrected title and the original Texas Certificate of Title is lost or destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                |                       |                                                                                                                                                                               |                                                        |                                                                                    |                               |
| Signature(s) of Seller(s), Donor(s), or Trader(s)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                |                       | Printed Name(s) (Same as Signature(s))<br>[REDACTED]                                                                                                                          |                                                        |                                                                                    |                               |
| Signature of Applicant/Owner<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                |                       | Printed Name (Same as Signature)<br>[REDACTED]                                                                                                                                |                                                        |                                                                                    |                               |
| Signature(s) of Additional Applicant(s)/Owner(s)<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                |                       | Printed Name(s) (Same as Signature(s))<br>[REDACTED]                                                                                                                          |                                                        |                                                                                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                |                       | Date<br><b>01/09/2025</b>                                                                                                                                                     |                                                        |                                                                                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                |                       | Date<br><b>01/09/2025</b>                                                                                                                                                     |                                                        |                                                                                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                |                       | Date                                                                                                                                                                          |                                                        |                                                                                    |                               |

# TEXAS CERTIFICATE OF TITLE



TEXAS DEPARTMENT OF MOTOR VEHICLES

[REDACTED]

YEAR MODEL  
**2018**

MAKE OF VEHICLE  
**HYUN**

BODY STYLE  
**4D**

TITLE/DOCUMENT NUMBER

DATE TITLE ISSUED

[REDACTED]

**08/23/2023**

MODEL

MFG. CAPACITY  
IN TONS

WEIGHT

LICENSE NUMBER

**SON**

**4800**

**THC5916**

PREVIOUS OWNER

ODOMETER READING

**82509**

REMARK(S)

**ACTUAL MILEAGE  
REBUILT SALVAGE -  
ISSUED BY OK**

*269493041 \**  
*Mon. Wallac*

X \_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT MUST BE IN INK

UNLESS OTHERWISE AUTHORIZED BY LAW IT IS A VIOLATION OF STATE LAW TO SIGN  
THE NAME OF ANOTHER PERSON ON A CERTIFICATE OF TITLE OR OTHERWISE GIVE FALSE  
INFORMATION ON A CERTIFICATE OF TITLE

DATE OF LIEN

1ST LIENHOLDER

**08/12/2023 WESTLAKE FINANCIAL  
PO BOX 997592  
SACRAMENTO, CA 95899**

1ST LIEN RELEASED \_\_\_\_\_  
DATE

BY \_\_\_\_\_  
AUTHORIZED AGENT

DATE OF LIEN

2ND LIENHOLDER

2ND LIEN RELEASED \_\_\_\_\_  
DATE

BY \_\_\_\_\_  
AUTHORIZED AGENT

DATE OF LIEN

3RD LIENHOLDER

3RD LIEN RELEASED \_\_\_\_\_  
DATE

BY \_\_\_\_\_  
AUTHORIZED AGENT

IT IS HEREBY CERTIFIED THAT THE PERSON HEREIN NAMED IS THE OWNER  
OF THE VEHICLE DESCRIBED ABOVE WHICH IS SUBJECT TO THE ABOVE LIENS

**RIGHTS OF SURVIVORSHIP AGREEMENT**  
WE, THE MARRIED PERSONS WHOSE SIGNATURES APPEAR HEREIN HEREBY  
AGREE THAT THE OWNERSHIP OF THE VEHICLE DESCRIBED ON THIS  
CERTIFICATE OF TITLE SHALL FROM THIS DAY FORWARD BE HELD JOINTLY  
AND IN THE EVENT OF DEATH OF ANY OF THE PERSONS NAMED IN THE  
AGREEMENT THE OWNERSHIP OF THE VEHICLE SHALL VEST IN THE SURVIVOR(S)

SIGNATURE DATE

SIGNATURE DATE

SIGNATURE DATE

**WHEN VEHICLE IS SOLD, TITLE HOLDER MUST ASSIGN AND FURNISH THIS TITLE INDICATING A DATE OF SALE TO THE PURCHASER WHO MUST FILE APPLICATION WITH COUNTY TAX ASSESSOR-COLLECTOR WITHIN 30 DAYS TO AVOID PENALTY**

**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.**

ASSIGNMENT  
OF TITLE

Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked  
▶ 112378 ☐ 1 The mileage stated is in excess of its mechanical limits  
ODOMETER READING (No Tenths) ☐ 2 The odometer reading is not the actual mileage **WARNING ODOMETER DISCREPANCY**  
Date of Sale 10-8-24  
Agent \_\_\_\_\_ (signature)  
I am aware of the above odometer certification made by the seller/agent  
\_\_\_\_\_ (signature)  
\_\_\_\_\_ Printed Name (same as signature)

FIRST REASSIGNMENT  
DEALER ONLY

Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked  
▶ 112625 ☐ 1 The mileage stated is in excess of its mechanical limits  
ODOMETER READING (No Tenths) ☐ 2 The odometer reading is not the actual mileage **WARNING ODOMETER DISCREPANCY**  
Date of Sale 10/29/24 Dealer's Name \_\_\_\_\_ Dealer No. 21115300  
I am aware of the above odometer certification made by the seller/agent  
\_\_\_\_\_ (signature)  
\_\_\_\_\_ Printed Name (same as signature)

SECOND REASSIGNMENT  
DEALER ONLY

Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked  
▶ 112625 ☐ 1 The mileage stated is in excess of its mechanical limits  
ODOMETER READING (No Tenths) ☐ 2 The odometer reading is not the actual mileage **WARNING ODOMETER DISCREPANCY**  
Date of Sale 01/09/25 Dealer's Name \_\_\_\_\_ Dealer No. 21115300  
I am aware of the above odometer certification made by the seller/agent  
\_\_\_\_\_ (signature)  
\_\_\_\_\_ Printed Name (same as signature)

THIRD REASSIGNMENT  
DEALER ONLY

The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens except as noted herein and has been transferred to the following printed name and address  
Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked  
▶ 112625 ☐ 1 The mileage stated is in excess of its mechanical limits  
ODOMETER READING (No Tenths) ☐ 2 The odometer reading is not the actual mileage **WARNING ODOMETER DISCREPANCY**  
Date of Sale \_\_\_\_\_ Dealer's Name \_\_\_\_\_ Dealer No. \_\_\_\_\_  
I am aware of the above odometer certification made by the seller/agent  
\_\_\_\_\_ (signature)  
\_\_\_\_\_ Printed Name (same as signature)  
Signature of Buyer/Agent \_\_\_\_\_ Printed Name (same as signature)

LIEN

LIENHOLDER TO BE RECORDED AND SHOWN ON NEW TITLE  
1ST LIEN IN FAVOR OF (NAME & ADDRESS) \_\_\_\_\_

**SURRENDERED**



Texas Department  
of Motor Vehicles

## Repossessed Motor Vehicle Affidavit

### Instructions

This form must be completed when a vehicle is repossessed. All fields are required to be completed. Select the applicable "Method of Repossession" and attach any required documentation, if applicable. This completed form must be submitted to a county tax assessor-collector's office in addition to all other required documents at the time of title transfer.

### Vehicle Information

|                                             |              |                 |                  |                 |
|---------------------------------------------|--------------|-----------------|------------------|-----------------|
| Vehicle Identification Number<br>[REDACTED] | Year<br>2018 | Make<br>HYUNDAI | Body Style<br>4D | Model<br>SONATA |
|---------------------------------------------|--------------|-----------------|------------------|-----------------|

### Lienholder Information

|                                                             |                                |                                    |
|-------------------------------------------------------------|--------------------------------|------------------------------------|
| Name of Lienholder<br>Westlake Financial                    | Phone Number<br>(323) 692-8404 | Date of Repossession<br>08/30/2024 |
| Authorized Agent Name<br>Justin Burnett                     | Email<br>[REDACTED]            |                                    |
| Address<br>4751 WILSHIRE BLVD STE 100 LOS ANGELES, CA 90010 |                                |                                    |

### Method of Repossession – check applicable box

☒ **Terms of Security (Lien) Agreement**  
If the lienholder repossessing the vehicle is recorded on the Texas title, the lienholder may reassign the title to a subsequent purchaser. If the lienholder is not recorded on the Texas title, the lienholder (dealer included) must apply for a Texas title in their name with a certified copy of the security agreement before transferring the vehicle.

☐ **Sequestration**  
The original or a certified copy of the Sheriff's Bill of Sale must be submitted with the title application. (A Writ of Sequestration ordering a sheriff or constable to seize property may be issued by judges and clerks of the district and county courts and justices of the peace.)

☐ **Floor Plan Lien**

|                               |                                                      |
|-------------------------------|------------------------------------------------------|
| Dealership Name<br>[REDACTED] | Dealer's General Distinguishing Number<br>[REDACTED] |
|-------------------------------|------------------------------------------------------|

A "floor plan" lien covers vehicles in a dealer's inventory. If the dealer is in default under the terms of the security agreement, the lienholder may repossess and transfer ownership without securing title in the dealer's name. In such instances, an *Application for Texas Title and/or Registration* (Form 130 U) in the name of the purchaser must be supported by the following documentation:

- Manufacturer's Certificate of Origin or Certificate of Title properly assigned to the dealership and reassigned to the purchaser by the lienholder, and
- Security Agreement or UCC Financing Statement (Form UCC1)

### Certification- State law makes falsifying information a third degree felony

I, the authorized agent for the lienholder listed above, certify the statements herein are true and correct and the vehicle described above was repossessed.

|                                                                                   |                                  |           |
|-----------------------------------------------------------------------------------|----------------------------------|-----------|
| [REDACTED]                                                                        | Justin Burnett                   | 9/26/2024 |
| Signature of Authorized Agent                                                     | Printed Name (Same as Signature) | Date      |
| Before me, a notary public, on this day personally appeared <u>Justin Burnett</u> |                                  |           |
| on whose name is subscribed on this document, and being by me first duly          |                                  |           |
| [REDACTED]                                                                        |                                  |           |
|                                                                                   |                                  | 9/26/24   |
|                                                                                   |                                  | Date      |

WESTLAKE FINANCIAL  
PO BOX 997592  
SACRAMENTO, CA 95899

**AFFIDAVIT**

**THIS IS TO CERTIFY ON THE FOLLOWING VEHICLE:**

**MAKE: HYUNDAI**

**MODEL: SONATA**

**YEAR: 2018**

**VIN#** [REDACTED]

☐ The following names are for one and the same person or one and the same company  
\_\_\_\_\_ and \_\_\_\_\_

☒ The name of the following was put on the title in error and this person never owned or took possession of said vehicle

Name put in error [REDACTED]

The correct purchaser is [REDACTED]

☐ The date of sale was entered incorrectly on the title

Date put in error

The actual date of sale is

☐ The odometer reading was entered incorrectly

Mileage put in error

The true and actual odometer reading is

True and Correct date is

☐ The Reassignment # is void due to the following reasons

Reassignment #

Reason

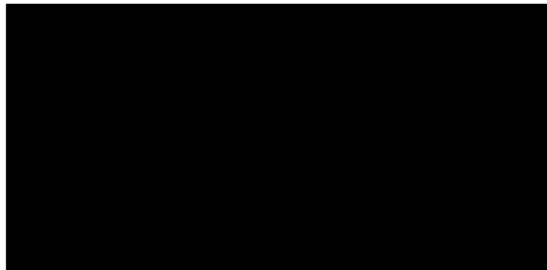
☐ Other

**NO FRAUD INTENDED**

Under the penalty of perjury, I declare that I have read the foregoing document and the facts stated in it are true

Seller [REDACTED]

Notary [REDACTED]



## BUYER'S TAG RECEIPT - DEALER'S COPY

---

Tag Number



Date of Sale

JAN 09, 2025

Expiration Date

MAR 10, 2025

Give buyer's receipt to buyer PLACE THIS DEALER'S COPY IN SALES FILE

It is part of the sales records required to be kept and subject to inspection by TxDMV Verify this information before distributing copies

Issue Date

Jan 09, 2025

VIN



Year

2018

Body Style

4D

Make

HYUN

Model

SON

Major Color

BLACK

Minor Color

Remarks

ACTUAL MILEAGE

REBUILT SALVAGE - ISSUED BY

[OK]

PAPER TITLE

E-TITLE PRINT DATE [09/09/2024]

Issuing Dealer

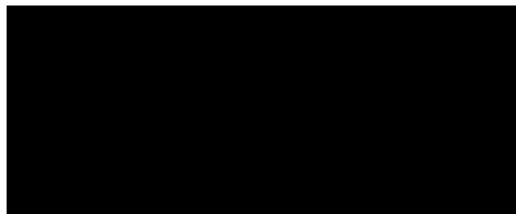
Dealer Number



Purchaser

Name I

Address



DEALER'S COPY



REGISTRATION & TITLE SYSTEM

Customer Miscellaneous Reports Local Options Accounting Inventory Funds Exit Help

Presumptive Value TTAKS

|                       |            |         |
|-----------------------|------------|---------|
| Year/Make             | 2018       | HYUNDAI |
| VIN                   |            |         |
| 80% Presumptive Value | \$ 4420.00 |         |

Enter Cancel Help

User: 101 YALLEN HARRIS COUNTY TOMBALL SUBSTATION WS 29 (R101T029) POS Version 25.1-HF 10 (02-10-2025)

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## REPLACEMENTS

☐ **REPLACEMENT LICENSE RECEIPT**

I, the undersigned state my original license plate(s) and/or sticker(s) have been lost, stolen, mutilated, or need replacement for cosmetic or readability reasons, and any current plate(s) and/or sticker(s) remaining in my possession to be replaced have been returned to the county tax assessor-collector. I further state that the replacement plate(s) and/or sticker(s) will not be used on any vehicle other than the vehicle described on the front of this receipt and the plate(s) and/or sticker(s) being replaced if recovered will not be used on any vehicle.

X \_\_\_\_\_  
(Signature of Owner or Agent)

## TEMPORARY TIMED PERMITS

☐ **72-HOUR / 144-HOUR PERMITS**

The 72-Hour and 144-Hour Permits are issued for commercial vehicles not authorized to travel on public roads for lack of registration or reciprocity where the vehicle is registered. The applicant, by signing this form in the space provided, certifies the:

- 1 vehicle will not be operated in violation of Transportation Code Section 502.094
- 2 applicant is the owner or authorized agent of the owner of the vehicle described on the face of this receipt
- 3 applicant is a resident of the United States, Mexico, or Canada
- 4 vehicle is not a junked, salvage, or nonrepairable vehicle

### CURRENT PROOF OF LIABILITY INSURANCE REQUIRED

☐ **ONE-TRIP PERMIT**

The One-Trip Permit is valid only for the transit of a vehicle. It shall not be used for the transportation of any passenger or property for compensation or otherwise unless the vehicle is a bus operating under charter and not covered by a reciprocity agreement with its registration jurisdiction. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt:

- 1 will not be operated in violation of Transportation Code, Section 502.095
- 2 will not carry a load, fixed or otherwise
- 3 is not a junked, salvage, or nonrepairable vehicle

### CURRENT PROOF OF LIABILITY INSURANCE REQUIRED

☐ **30-DAY PERMIT**

The 30-Day Permit is valid for use on passenger vehicles, motorcycles, private buses, trailers, and semitrailers, with a gross weight not exceeding 10,000 lbs. and light commercial vehicles not exceeding a gross weight of 10,000 lbs. A light commercial vehicle exceeding 10,000 lbs. may use this permit if operating unladen. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt:

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- 2 is not a junked, salvage, or nonrepairable vehicle

### CURRENT PROOF OF LIABILITY INSURANCE REQUIRED

**NOTE:** The applicant, by signing this form in the space provided, hereby certifies the applicant is not purchasing this permit as a result of being apprehended for violating the registration laws of this state.

X \_\_\_\_\_  
(Signature of Owner or Agent)

### WARNING

#### TRANSPORTATION CODE, SECTION 502.410

A person commits an offense if the person violates a provision of this chapter, and no other penalty is prescribed for the violation.

REQUEST TO CONVERT ELECTRONIC TITLE TO PAPER TITLE DOCUMENT  
OWNER NAME AND ADDRESS:

## VEHICLE INFORMATION:

PLATE NO: YR/MAKE: 2018/HYUN  
DOCUMENT NO: VEHICLE IDENT NO:  
REG CLASS: PASSENGER-LESS/EQL 6000 PLATE TYPE: PASSENGER-TRUCK PLT  
ORGANIZATION: DISABLED VETERAN  
STICKER TYPE: WS VEHICLE CLASS: PASS  
MODEL: SON BODY STYLE: 4D UNIT NO:  
EMPTY WT: 4800 CARRYING CAP: GROSS WT: 4800  
BODY VEHICLE IDENT NO: TRLR LNG/WDTH: TRLR TYPE:  
ODOMETER READING: 82509 BRAND: A  
OWNERSHIP EVIDENCE: TEXAS TITLE  
EFF DATE: 08/05/2024  
EXP DATE: 7/2025

TRANS ID: COUNTY: TARRANT  
DATE: 09/09/2024

## LIENHOLDER INFO:

1ST LIENHOLDER NAME AND ADDRESS:  
WESTLAKE FINANCIAL  
PO BOX 997592  
SACRAMENTO, CA 95899

## PRINTED TITLE TO BE MAILED TO:

WESTLAKE FINANCIAL  
4751 WILSHIRE BLVD 100  
LOS ANGELES, CA 90010



TITLE APPLICATION RECEIPT

PROCESSING COUNTY: TARRANT  
RESIDENT COUNTY: TARRANT  
PLATE NO:  
DOCUMENT NO:  
PREV DOC NO:

TAC NAME:  
DATE: 08/15/2023  
TIME: 09:58AM  
EMPLOYEE ID: 6330MC8  
06/16/2023 (P)

EFFECTIVE DATE: 08/15/2023  
EXPIRATION DATE: 7/2024  
TRANSACTION ID:

OWNER NAME AND ADDRESS

REGISTRATION CLASS: PASSENGER-LESS/EQL 6000  
PLATE TYPE: PASSENGER-TRUCK PLT  
ORGANIZATION:  
STICKER TYPE: WS

VEHICLE IDENTIFICATION NO:  
YR/MAKE: 2018/HYUN MODEL: SON BODY STYLE: 4D UNIT NO:  
EMPTY WT: 4800 CARRYING CAPACITY: 0 GROSS WT: 4800 TRAILER TYPE:  
BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SQFT: 0'0"  
PREV OWNER NAME: PREV CITY/STATE: FORT WORTH, TX

INVENTORY ITEM(S) YR  
PASSENGER-TRUCK PLT  
WINDSHIELD STICKER 2024

VEHICLE RECORD NOTATIONS  
ACTUAL MILEAGE  
REBUILT SALVAGE - ISSUED BY  
(OK)  
E-TITLE  
MAJOR COLOR: BLACK

| FEES ASSESSED               |           |
|-----------------------------|-----------|
| TITLE APPLICATION FEE       | \$ 13.00  |
| TERP TITLE FEE              | 20.00     |
| SALES TAX FEE               | 500.00    |
| BUYERS TAG                  | 5.00      |
| WINDSHIELD STICKER          | 50.75     |
| REG FEE-DPS                 | 1.00      |
| CNTY ROAD BRIDGE ADD-ON FEE | 10.00     |
| INSPECTION FEE-OBIDL        | 8.25      |
| PROCESSING AND HANDLING FEE | 4.75      |
| TOTAL                       | \$ 612.75 |

ODOMETER READING: 82509 BRAND: A  
OWNERSHIP EVIDENCE: TEXAS TITLE  
1ST LIEN DATE: 08/12/2023  
WESTLAKE FINANCIAL  
PO BOX 997592  
SACRAMENTO, CA 95899

SALES TAX CATEGORY: SALES/USE

Date of Assignment/Sales Tax Date: 08/13/2023

|                           |             |
|---------------------------|-------------|
| Sales Price               | \$ 8,000.00 |
| Less Trade In Allowance   | 0.00        |
| Taxable Amount            | 8,000.00    |
| Sales Tax Paid            | 500.00      |
| Less Other State Tax Paid | 0.00        |
| Tax Penalty               | 0.00        |
| TOTAL TAX PAID            | \$ 500.00   |

Batch No: 4454515101 Batch Count: 14

2ND LIEN

3RD LIEN

TITLE WILL BE ELECTRONICALLY FILED WITH THE LIENHOLDER.

THC5916



07 24

TARRANT

JH637103

VOID  
DO NOT USE/  
NO USE

PR

## REPLACEMENTS

### ☐ REPLACEMENT LICENSE RECEIPT

I, the undersigned, state my original license plate(s) and/or sticker(s) have been lost, stolen, mutilated, or need replacement for cosmetic or readability reasons, and any current plate(s) and/or sticker(s) remaining in my possession to be replaced have been returned to the county tax assessor-collector. I further state that the replacement plate(s) and/or sticker(s) will not be used on any vehicle other than the vehicle described on the front of this receipt and the plate(s) and/or sticker(s) being replaced, if recovered, will not be used on any vehicle.

X \_\_\_\_\_  
(Signature of Owner or Agent)

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**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

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X \_\_\_\_\_  
(Signature of Owner or Agent)

### **WARNING:**

#### **TRANSPORTATION CODE, SECTION 502.410**

A person commits an offense if the person violates a provision of this chapter, and no other penalty is prescribed for the violation.

# Application for Texas Title and/or Registration

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------|--|-------------------------------------------------------------------------------------------|--|--------------------------------|-------------------------------------------------------------------------------------|----------------|--|
| Applying for (please check one)<br><input checked="" type="checkbox"/> Title & Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Registration Purposes Only <input type="checkbox"/> Nontitle Registration<br>For a corrected title or registration, check reason<br><input type="checkbox"/> Vehicle Description <input type="checkbox"/> Add/Remove Lien <input type="checkbox"/> Other.                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                 |                                                                                            |                         |  | TAX OFFICE USE ONLY                                                                       |  |                                |                                                                                     |                |  |
| County: _____<br>Doc #: _____<br><input type="checkbox"/> SPV <input type="checkbox"/> Appraisal Value \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| 2. Year <b>2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 3. Make <b>HYUN</b>                                                                                                                                                             |                                                                                            | 4. Body Style <b>4D</b> |  | 5. Model <b>SON</b>                                                                       |  | 6. Major Color <b>BLK</b>      |                                                                                     | 7. Minor Color |  |
| 9. Odometer Reading (no tenths) <b>82509</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 10. This is the Actual Mileage unless the mileage is.<br><input type="checkbox"/> Not Actual <input type="checkbox"/> Exceeds Mechanical Limits <input type="checkbox"/> Exempt |                                                                                            |                         |  | 11. Empty Weight <b>4800</b>                                                              |  | 12. Carrying Capacity (if any) |                                                                                     |                |  |
| 13. Applicant Type<br><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     | N/EIN          |  |
| 15. ID Type<br><input type="checkbox"/> U.S. Driver License/ID Card (issued by: <b>TX</b> ) <input type="checkbox"/> NATO ID <input type="checkbox"/> U.S. Dept. of State ID<br><input type="checkbox"/> Passport (issued by: _____) <input type="checkbox"/> U.S. Military ID <input type="checkbox"/> U.S. Dept. of Homeland Security ID<br><input type="checkbox"/> U.S. Citizenship & Immigration Services/DOJ ID <input type="checkbox"/> Other Military Status of Forces Photo ID                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| 16. Applicant First Name (or Entity Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                 | Middle Name                                                                                |                         |  | Last Name                                                                                 |  |                                | Suffix (if any)                                                                     |                |  |
| 17. Additional Applicant First Name (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                 | Middle Name                                                                                |                         |  | Last Name                                                                                 |  |                                | Suffix (if any)                                                                     |                |  |
| 18. Applicant Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                 |                                                                                            |                         |  | 19. Applicant County of Residence <b>Tarrant</b>                                          |  |                                |                                                                                     |                |  |
| 20. Previous Owner Name (or Entity Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                 | City                                                                                       |                         |  | State                                                                                     |  |                                | 21. Dealer GDN (if applicable) <b>P167721</b>                                       |                |  |
| 23. Renewal Recipient First Name (or Entity Name) (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                 | Middle Name                                                                                |                         |  | Last Name                                                                                 |  |                                | Suffix (if any)                                                                     |                |  |
| 24. Renewal Notice Mailing Address (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                 | City                                                                                       |                         |  | State                                                                                     |  |                                | Zip                                                                                 |                |  |
| 25. Applicant Phone Number (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                 | 26. Email (optional)                                                                       |                         |  | 27. Registration Renewal eReminder<br><input type="checkbox"/> Yes (Provide Email in #26) |  |                                | 28. Communication Impediment?<br><input type="checkbox"/> Yes (Attach Form VTR-216) |                |  |
| 29. Vehicle Location Address (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                 | City                                                                                       |                         |  | State                                                                                     |  |                                | Zip                                                                                 |                |  |
| 30. Multiple (Additional) Liens<br><input type="checkbox"/> Yes (Attach Form VTR-267)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                 | 31. Electronic Title Request<br><input checked="" type="checkbox"/> Yes (Cannot check #30) |                         |  | 32. Certified/eTitle Lienholder ID Number (if any)                                        |  |                                | 33. First Lien Date (if any) <b>8/12/23</b>                                         |                |  |
| 34. First Lienholder Name (if any) <b>Westlake Financial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                 | Mailing Address <b>PO BOX 997592 Sacramento</b>                                            |                         |  | City <b>CA</b>                                                                            |  |                                | State <b>95899</b>                                                                  |                |  |
| MOTOR VEHICLE TAX STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| 35. Check only if applicable<br><input type="checkbox"/> I hold Motor Vehicle Retailer (Rental) Permit No _____ and will satisfy the minimum tax liability (V.A.T.S., Tax Code §152.046(c))<br><input type="checkbox"/> I am a dealer or lessor and qualify to take the Fair Market Value Deduction (V.A.T.S., Tax Code, §152.002(c)) GDN or Lessor Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| 36. Trade-In (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                 | Year                                                                                       |                         |  | Make                                                                                      |  |                                | Vehicle Identification Number                                                       |                |  |
| <input type="checkbox"/> Yes (Complete)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                 | 37. Additional Trade-In(s)<br><input type="checkbox"/> Yes                                 |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| SALES AND USE TAX COMPUTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| 38. Check only if applicable<br><input type="checkbox"/> (a) Sales Price (\$ _____ rebate has been deducted) \$ <b>8000</b><br><input type="checkbox"/> (b) Less Trade-in Amount, described in Box 36 above \$ _____<br><input type="checkbox"/> (c) For Dealers/Lessors/Rental ONLY – Fair Market Value Deduction, described in Box 36 above \$ _____<br><input type="checkbox"/> (d) Taxable Amount (Item a minus Item b or Item c) \$ _____<br><input type="checkbox"/> (e) 6.25% Tax on Taxable Amount (Multiply Item d by .0625) \$ _____<br><input type="checkbox"/> (f) Late Tax Payment Penalty <input type="checkbox"/> 5% or <input type="checkbox"/> 10% \$ _____<br><input type="checkbox"/> (g) Tax Paid to _____ (STATE) \$ _____<br><input type="checkbox"/> (h) AMOUNT OF TAX AND PENALTY DUE (Item e plus Item f minus Item g) \$ _____ |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| <input type="checkbox"/> \$90 New Resident Tax – (Previous State) _____<br><input type="checkbox"/> \$5 Even Trade Tax<br><input type="checkbox"/> \$10 Gift Tax – Attach Comptroller Form 14-317<br><input type="checkbox"/> \$65 Rebuilt Salvage Fee<br><input type="checkbox"/> 2.5% Emissions Fee (Diesel Vehicles 1996 and Older > 14,000 lbs.) _____<br><input type="checkbox"/> 1% Emissions Fee (Diesel Vehicles 1997 and Newer > 14,000 lbs.) _____<br><input type="checkbox"/> Exemption claimed under the Motor Vehicle Sales and Use Tax Law because _____<br><input type="checkbox"/> \$28 or \$33 Application Fee for Texas Title (Contact your county tax assessor-collector for the correct fee)                                                                                                                                         |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| CERTIFICATION – State law makes falsifying information a third degree felony                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| I hereby certify that the information in this document are true and correct to the best of my knowledge and belief, and I am eligible for title and/or registration (as applicable)<br><input type="checkbox"/> (Check only if I am applying for a corrected title and the original Texas Certificate of Title is lost or destroyed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                 |                                                                                            |                         |  |                                                                                           |  |                                |                                                                                     |                |  |
| Signature(s) of Seller(s), or Trader(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                 | Printed Name(s) (Same as Signature(s))                                                     |                         |  | Date <b>8/13/23</b>                                                                       |  |                                |                                                                                     |                |  |
| Signature of Applicant/Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                 | Printed Name (Same as Signature)                                                           |                         |  | Date <b>8/13/23</b>                                                                       |  |                                |                                                                                     |                |  |
| Signature(s) of Additional Applicant(s)/Owner(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                 | Printed Name(s) (Same as Signature(s))                                                     |                         |  | Date                                                                                      |  |                                |                                                                                     |                |  |

# Application for Texas Title and/or Registration

## General Instructions

With a few exceptions, you are entitled to be informed about the information the department collects about you. The Texas Government Code entitles you to receive and review the information and to request that the department correct any information about you that is incorrect. Please contact the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000 for details.

This form must be completed and submitted to your county tax assessor-collector accompanied by any required application fee, supporting documents, registration fee, if applicable, and any motor vehicle tax due. An application form may be reproduced or faxed. A completed form must contain the original signature of the buyer. The seller's signature may be reproduced or faxed. All title applications must include one of the government-issued photo IDs listed in Box 15. Detailed instructions for completing this form are located in the *Detailed Instructions for Application for Texas Title and/or Registration* (Form VTR-130-UIF).

### AVAILABLE HELP

- For assistance in completing this form, contact your county tax assessor-collector.
- For information about motor vehicle sales and use tax or emission fees, contact the Texas Comptroller of Public Accounts, Tax Assistance Section, at 1-800-252-1382 toll free nationwide or call 512-463-4600.
- For title or registration information, contact your county tax assessor-collector or the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000.

## Additional Details

**Title Only:** License plates and registration insignia previously issued for this motor vehicle must be surrendered in accordance with Transportation Code §501.0275, if applicable, unless this vehicle displays a license plate under an applicable status of forces agreement. The following types of vehicles are not eligible for Title Only: construction machinery (unconventional vehicles), water well drilling units, machinery used exclusively for drilling water wells, construction machinery not designed to transport persons or property, implements of husbandry, farm equipment (including combines), golf carts, slow moving vehicles, or any vehicle with a suspended or revoked title.

**Registration Purposes Only:** Do not surrender an original out of state title with this application. A Texas title will NOT be issued for a vehicle applying for Registration Purposes Only. The receipt issued upon filing this application will serve as the registration receipt and proof of application for Registration Purposes Only.

- **Foreign Vehicles:** Foreign vehicles applying for Registration Purposes Only must attach DOT Form HS-7 or U.S. Customs Form CF-7501 to indicate the vehicle is: 1) over 25 years old, or 2) complies with Federal Motor Vehicle Safety Standards, or 3) is being imported in the United States for a temporary period by a nonresident or a member of the armed forces of a foreign country on assignment in the U.S., and does not conform to the Federal Motor Vehicle Standards and cannot be sold in the U.S.

**Nontitle Registration:** Certain trailers, farm equipment, construction machinery, oil well servicing machinery, water well drilling units, etc. are either exempt from, or not eligible for title, but are eligible for, or required to, obtain registration or a specialty plate in order to operate on the highway. Applicants should mark this box only when applicable. **Note:** A lien cannot be recorded on this type of application.

**Out of State Vehicles:** If the applicant certifies the vehicle is located out of state, self-certification of the Vehicle Identification Number (VIN) is allowed if a VIN verification form issued by a Texas state-approved safety inspection station is not included with the submission of this application. See *Vehicle Identification Number Certification* (Form VTR-270) for more information.

## Notice

- The sales and use tax must be paid to the county tax assessor-collector within 30 days from the date of purchase or entry of the vehicle into Texas.
- A \$2.50 transfer fee is paid to transfer current registration to the new owner in addition to the title application fee and other applicable fees. If the registration is not current, full registration fees are due unless applying for Title Only.
- A 6.25 percent motor vehicle sales and use tax is imposed on the sales price (less trade-in allowance) of motor vehicles for use in Texas or a motor vehicle purchased outside of the state and later brought into this state by a Texas resident.
- Standard Presumptive Value (SPV) applies to private-party sales of most used motor vehicles purchased or brought into Texas. The tax is computed on the greater of the sales price or 80 percent of the SPV on the day of title application.
- New Texas residents are subject to a \$90 use tax on a vehicle brought into this state that was previously registered to the new resident in another state or foreign country. This is in lieu of the 6.25 percent use tax imposed on a Texas resident.
- A \$10 gift tax is due when a person receives a motor vehicle as a gift from an immediate family member, guardian, or a decedent's estate. A vehicle donated to, or given by, a non-profit service organization qualifying under IRC 501(c)(3) is also taxed as a gift. Both donor and recipient must sign the Comptroller's joint affidavit, *Affidavit of Motor Vehicle Gift Transfer* (Form 14-317). The affidavit and the title application must be submitted in person by either the donor or recipient.
- A transaction in which a motor vehicle is transferred to another person without payment of consideration and one that does not qualify as a gift described above is a sale and will be subject to tax calculated on the vehicle's standard presumptive value.
- A late penalty equal to 5 percent of the tax will be charged if the tax or surcharge is paid from 1 to 30 calendar days late. If more than 30 calendar days late, the penalty will be 10 percent of the tax; minimum penalty is \$1.
- In addition to the late tax payment penalty, Texas Transportation Code provides for an escalating delinquent transfer penalty of up to \$250 for failure to apply for title within 30 days from the date of title assignment. Submit this application along with proper evidence of ownership and appropriate valid proof of financial responsibility such as a liability insurance card or policy.
- All new residents applying for a Texas title and registration for a motor vehicle must file at the county tax assessor-collector of the county in Texas where the applicant resides within 30 days of establishing residency. Texas law requires that all vehicles previously registered and titled or registered in another state or country be inspected for safety and the vehicle identification number verified before such vehicles may be registered in Texas. These inspections must be made by a state appointed safety inspection station that will complete a Texas Vehicle Inspection Report. This form must be submitted to the county tax assessor-collector with your application for registration and Texas title.

# TEXAS CERTIFICATE OF TITLE



TEXAS DEPARTMENT OF MOTOR VEHICLES

VEHICLE IDENTIFICATION NUMBER

YEAR MODEL

MAKE OF VEHICLE

BODY STYLE

2018

HYUN

4D

TITLE/DOCUMENT NUMBER

DATE TITLE ISSUED

06/16/2023

MODEL

MFG CAPACITY  
IN TONS

WEIGHT

LICENSE NUMBER

SON

4800

TONLY06

PREVIOUS OWNER

ODOMETER READING

82483

OWNER

REMARK(S)

ACTUAL MILEAGE  
REBUILT SALVAGE -  
ISSUED BY OK  
VIN CERTIFICATION  
WAIVED

X \_\_\_\_\_  
OR AGENT MUST BE IN INK

UNLESS OTHERWISE AUTHORIZED BY LAW, IT IS A VIOLATION OF STATE LAW TO SIGN  
THE NAME OF ANOTHER PERSON ON A CERTIFICATE OF TITLE OR OTHERWISE GIVE FALSE  
INFORMATION ON A CERTIFICATE OF TITLE

DATE OF LIEN

1ST LIENHOLDER

NONE

1ST LIEN RELEASED

DATE

BY

AUTHORIZED AGENT

DATE OF LIEN

2ND LIENHOLDER

2ND LIEN RELEASED

DATE

BY

AUTHORIZED AGENT

DATE OF LIEN

3RD LIENHOLDER

3RD LIEN RELEASED

DATE

BY

AUTHORIZED AGENT

IT IS HEREBY CERTIFIED THAT THE PERSON HEREIN NAMED IS THE OWNER  
OF THE VEHICLE DESCRIBED ABOVE WHICH IS SUBJECT TO THE ABOVE LIENS

**RIGHTS OF SURVIVORSHIP AGREEMENT**  
WE, THE MARRIED PERSONS WHOSE SIGNATURES APPEAR HEREIN HEREBY  
AGREE THAT THE OWNERSHIP OF THE VEHICLE DESCRIBED ON THIS  
CERTIFICATE OF TITLE SHALL FROM THIS DAY FORWARD BE HELD JOINTLY,  
AND IN THE EVENT OF DEATH OF ANY OF THE PERSONS NAMED IN THE  
AGREEMENT, THE OWNERSHIP OF THE VEHICLE SHALL VEST IN THE SURVIVOR(S)

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

**WHEN VEHICLE IS SOLD, TITLE HOLDER MUST ASSIGN AND FURNISH THIS TITLE INDICATING A DATE OF SALE TO THE PURCHASER WHO MUST FILE APPLICATION WITH COUNTY TAX, ASSESSOR-COLLECTOR WITHIN 30 DAYS TO AVOID PENALTY.**

17145676

**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.**

ASSIGNMENT  
OF TITLE

Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked  
82509  
Date of Sale 8/15/23  
Signature of Buyer/Agent \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_  
I am aware of the above odometer certification made by the seller/agent

FIRST REASSIGNMENT  
DEALER ONLY

The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address  
Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked  
Date of Sale \_\_\_\_\_ ODOMETER READING (No Tenths) \_\_\_\_\_  
Signature of Buyer/Agent \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_  
I am aware of the above odometer certification made by the seller/agent

SECOND REASSIGNMENT  
DEALER ONLY

The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address  
Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked  
Date of Sale \_\_\_\_\_ ODOMETER READING (No Tenths) \_\_\_\_\_  
Signature of Buyer/Agent \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_  
I am aware of the above odometer certification made by the seller/agent

THIRD REASSIGNMENT  
DEALER ONLY

The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address  
Name of Purchaser \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked  
Date of Sale \_\_\_\_\_ ODOMETER READING (No Tenths) \_\_\_\_\_  
Signature of Buyer/Agent \_\_\_\_\_ Printed Name (same as signature) \_\_\_\_\_  
I am aware of the above odometer certification made by the seller/agent

LIEN

LIENHOLDER TO BE RECORDED AND SHOWN ON NEW TITLE  
1ST LIEN IN FAVOR OF (NAME & ADDRESS) \_\_\_\_\_

**SURRENDERED**

**SHOW REPORT FOR TEXAS VEHICLE REGISTRATION****TEXAS VEHICLE INSPECTION REPORT**

Safety and Emissions Inspection - REPRINT

FOR INFORMATION ABOUT VEHICLE INSPECTION, VISIT [www.dps.texas.gov/rsd/vi/](http://www.dps.texas.gov/rsd/vi/)FOR INFORMATION ABOUT ONLINE VEHICLE REGISTRATION, VISIT [www.twostepsonesticker.com](http://www.twostepsonesticker.com).Vehicle IdentificationStation IdentificationTest Date/Time: **06/03/2023, 10:29**

Test and Type: Initial - OBDII

Insp.Type/Exp. Date: **OBDNL**

Version/Test Number:

License Number:

Vehicle ID Number:

Vehicle Make: **HYUN**Vehicle Model: **SONATA**Vehicle Year/Type: **2018/Passenger Car**Engine Size/Cyl/Ign: **2400/4/D**

Authorization Number:

Transmission/GVW: **Automatic/4497**Odometer/Fuel Type: **82509/Gasoline**Station Name: **JODAFE AUTO SALES**

Station #/Analyzer:

Station Address: **5674 RENDON BLOODWOR**Station City: **FORT WORTH**Station Zip Code: **76140-0000**Inspector First Name: **FELIPE**Inspector Last Name: **PINALES RIVERA**Safety Inspection Fee: **\$7.00**Safety Repair Costs: **\$0.00**Emissions Test Fee: **\$18.00**Emissions Repair Costs: **\$0.00**Total Inspection Cost: **\$25.00****Emissions Test Results**

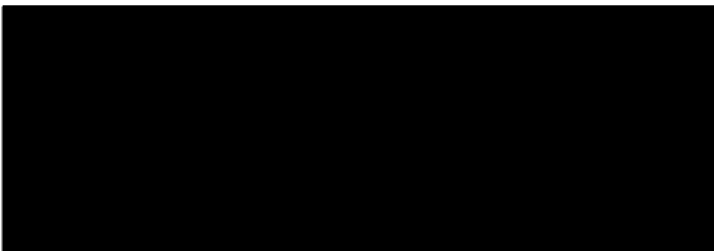
CONGRATULATIONS, your vehicle has passed the emissions (I/M) test portion of your safety inspection! By maintaining your vehicle in good working condition, you are doing your share for clean air. You are also saving money on gas and extending the life of your vehicle because your emissions control equipment is working as it should.

| Status of Bulb Check   |             | Monitors    | Status | Monitors    | Status | Monitors   | Status    |
|------------------------|-------------|-------------|--------|-------------|--------|------------|-----------|
| <b>MIL Cmd Status:</b> | <b>Off</b>  | Misfire:    | Ready  | Heated Cat: | N/S    | O2 Sensor: | Ready     |
| <b>MIL:</b>            |             | Fuel Sys:   | Ready  | Evap Sys:   | Ready  | Heated O2: | Not Ready |
| <b>Engine On:</b>      | <b>PASS</b> | Comp Cmpnt: | Ready  | Secondary:  | N/S    | EGR/VVT:   | Ready     |
| <b>Engine Off:</b>     | <b>PASS</b> | Catalyst:   | Ready  | Air Cond:   | N/S    | DLC:       | PASS      |

Fault Codes No Codes Present

Gas Cap Integrity: **PASS**Safety Items: **PASS**Overall Result: **PASS**See Back for Recall  
Information

I certify that I have properly performed the emissions test according to state regulations and procedure. I, the inspector, hereby certify that I have physically examined the manufacturer's vehicle identification number.



## IMPORTANT VEHICLE SAFETY RECALL INFORMATION



The recall information provided below for your vehicle may not include all recalls associated with this vehicle and its vehicle identification number (VIN). You can get a complete list and additional details by calling National Highway Traffic Safety Administration's (NHTSA's) Vehicle Safety Hotline at **1-888-327-4236** or by entering the VIN at your vehicle manufacturer's website and the NHTSA website, provided at [www.nhtsa.gov](http://www.nhtsa.gov).

VIN: [REDACTED]

We were unable to access recall information at this time. Please contact NHTSA ([www.nhtsa.gov](http://www.nhtsa.gov), 1-888-327-4236) or your vehicle manufacturer's website or local dealer to get recall information for your vehicle.

What is a recall?

When a vehicle manufacturer, NHTSA, or the Environmental Protection Agency (EPA) determines that a vehicle has a safety-related defect or does not comply with a federal safety standard, a recall notice is issued. Vehicle manufacturers are required to **fix** the vehicle **at no cost to the consumer** or provide remedies for safety-related defects that are the subject of recalls.

What should I do if my vehicle is included in this recall?

If your vehicle is included in a recall, it is very important that you get it fixed as soon as possible given the potential danger to you and your passengers if it is not addressed. Contact your vehicle manufacturer or dealership to arrange for repairs and to verify parts availability or call NHTSA's Vehicle Safety Hotline at **1-888-327-4236**.



## TITLE REJECTION CORRECTION RECEIPT



PROCESSING COUNTY: TARRANT  
RESIDENT COUNTY: TARRANT  
PLATE NO:  
DOCUMENT NO:  
PREV DOC NO:  
OWNER NAME AND ADDRESS:

TAC NAME:  
DATE: 06/08/2023  
TIME: 03:27PM  
EMPLOYEE ID: 3655JM1  
EFFECTIVE DATE: 06/08/2023  
EXPIRATION DATE: 5/  
TRANSACTION ID:

REGISTRATION CLASS: TITLE ONLY (NO REGIS)  
PLATE TYPE: TITLE ONLY (NO REGIS)  
ORGANIZATION:  
STICKER TYPE:

VEHICLE IDENTIFICATION NO:  
YR/MAKE: 2018/HYUN MODEL: SON BODY STYLE: 4D UNIT NO:  
EMPTY WT: 4800 CARRYING CAPACITY: 0 GROSS WT: 4800 TRAILER TYPE:  
BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SQFT: 0'0"  
PREV OWNER NAME: PREV CITY/STATE: OKLAHOMA CI, OK

| FEES ASSESSED | TOTAL | \$ | 0.00 |
|---------------|-------|----|------|
|---------------|-------|----|------|

VEHICLE RECORD NOTATIONS  
VIN CERTIFICATION WAIVED  
ACTUAL MILEAGE  
REBUILT SALVAGE - ISSUED BY  
[OK]  
PAPER TITLE  
MAJOR COLOR: BLACK

## SALES TAX CATEGORY:

|                                    |         |
|------------------------------------|---------|
| Date of Assignment/Sales Tax Date: |         |
| Sales Price                        | \$ 0.00 |
| Less Trade In Allowance            | \$ 0.00 |
| Taxable Amount                     | \$ 0.00 |
| Sales Tax Paid                     | \$ 0.00 |
| Less Other State Tax Paid          | \$ 0.00 |
| Tax Penalty                        | \$ 0.00 |
| TOTAL TAX PAID                     | \$ 0.00 |

Batch No: 1104508301 Batch Count: 35

2ND LIEN

3RD LIEN

## REPLACEMENTS

☐

### REPLACEMENT LICENSE RECEIPT

I, the undersigned, state my original license plate(s) and/or sticker(s) have been lost, stolen, mutilated, or need replacement for cosmetic or readability reasons, and any current plate(s) and/or sticker(s) remaining in my possession to be replaced have been returned to the county tax assessor-collector. I further state that the replacement plate(s) and/or sticker(s) will not be used on any vehicle other than the vehicle described on the front of this receipt and the plate(s) and/or sticker(s) being replaced, if recovered, will not be used on any vehicle.

X

\_\_\_\_\_  
(Signature of Owner or Agent)

## TEMPORARY TIMED PERMITS

☐

### 72-HOUR / 144-HOUR PERMITS

The 72-Hour and 144-Hour Permits are issued for commercial vehicles not authorized to travel on public roads for lack of registration or reciprocity where the vehicle is registered. The applicant, by signing this form in the space provided, certifies the

- 1 vehicle will not be operated in violation of Transportation Code, Section 502.094
- 2 applicant is the owner or authorized agent of the owner of the vehicle described on the face of this receipt
- 3 applicant is a resident of the United States, Mexico, or Canada
- 4 vehicle is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

☐

### ONE-TRIP PERMIT

The One-Trip Permit is valid only for the transit of a vehicle. It shall not be used for the transportation of any passenger or property for compensation or otherwise unless the vehicle is a bus operating under charter and not covered by a reciprocity agreement with its registration jurisdiction. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt

- 1 will not be operated in violation of Transportation Code, Section 502.095
- 2 will not carry a load, fixed or otherwise
- 3 is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

☐

### 30-DAY PERMIT

The 30-Day Permit is valid for use on passenger vehicles, motorcycles, private buses, trailers, and semitrailers, with a gross weight not exceeding 10,000 lbs. and light commercial vehicles not exceeding a gross weight of 10,000 lbs. A light commercial vehicle exceeding 10,000 lbs. may use this permit if operating unladen. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt

- 1 will not be operated in violation of Transportation Code, Section 502.095
- 2 is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

**NOTE:** The applicant, by signing this form in the space provided, hereby certifies the applicant is not purchasing this permit as a result of being apprehended for violating the registration laws of this state.

X

\_\_\_\_\_  
(Signature of Owner or Agent)

### WARNING:

#### TRANSPORTATION CODE, SECTION 502.410

A person commits an offense if the person violates a provision of this chapter, and no other penalty is prescribed for the violation.

TITLE APPLICATION RECEIPT



PROCESSING COUNTY: TARRANT  
RESIDENT COUNTY: TARRANT  
TAC NAME: [REDACTED]  
DATE: 06/05/2023  
EFFECTIVE DATE: 06/05/2023  
PLATE NO: [REDACTED]  
TIME: 09:57AM  
EXPIRATION DATE: /  
DOCUMENT NO: [REDACTED]  
EMPLOYEE ID: 6924JM2  
TRANSACTION ID: [REDACTED]  
PREV DOC NO: [REDACTED]  
/2023 (P)  
OWNER NAME AND ADDRESS



REGISTRATION CLASS: TITLE ONLY (NO REGIS)  
PLATE TYPE: TITLE ONLY (NO REGIS)  
ORGANIZATION:  
STICKER TYPE:

VEHICLE IDENTIFICATION NO: [REDACTED] VEHICLE CLASSIFICATION: PASS  
YR/MAKE: 2018/HYUN MODEL: SON BODY STYLE: 4D UNIT NO:  
EMPTY WT: 4800 CARRYING CAPACITY: 0 GROSS WT: 4800 TRAILER TYPE:  
BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SQFT: 0'0"  
PREV OWNER NAME: [REDACTED] PREV CITY/STATE: OKLAHOMA CI, OK

VEHICLE RECORD NOTATIONS  
VIN CERTIFICATION WAIVED  
ACTUAL MILEAGE  
REBUILT SALVAGE - ISSUED BY  
[OK]  
PAPER TITLE  
MAJOR COLOR: BLACK

|                       |    |  |       |
|-----------------------|----|--|-------|
| FEES ASSESSED         |    |  |       |
| TITLE APPLICATION FEE | \$ |  | 13.00 |
| TERP TITLE FEE        | \$ |  | 20.00 |
| SALES TAX FEE         | \$ |  | 0.00  |
| REBUILT FEE           | \$ |  | 65.00 |
| TOTAL                 | \$ |  | 98.00 |

ODOMETER READING: 82509 BRAND: A  
OWNERSHIP EVIDENCE: O/S SALV CERT OF TITLE  
1ST LIEN  
Date of Assignment/Sales Tax Date: 06/05/2023  
Sales Price \$ 0.00  
Less Trade In Allowance \$ 0.00  
Taxable Amount \$ 0.00  
Sales Tax Paid \$ 0.00  
Less Other State Tax Paid \$ 0.00  
Tax Penalty \$ 0.00  
TOTAL TAX PAID \$ 0.00  
Batch No: 4414508001 Batch Count: 17  
2ND LIEN  
3RD LIEN

dx

## REPLACEMENTS

### ☐ REPLACEMENT LICENSE RECEIPT

I, the undersigned, state my original license plate(s) and/or sticker(s) have been lost, stolen, mutilated, or need replacement for cosmetic or readability reasons, and any current plate(s) and/or sticker(s) remaining in my possession to be replaced have been returned to the county tax assessor-collector. I further state that the replacement plate(s) and/or sticker(s) will not be used on any vehicle other than the vehicle described on the front of this receipt and the plate(s) and/or sticker(s) being replaced, if recovered, will not be used on any vehicle.

X \_\_\_\_\_  
(Signature of Owner or Agent)

## TEMPORARY TIMED PERMITS

### ☐ 72-HOUR / 144-HOUR PERMITS

The 72-Hour and 144-Hour Permits are issued for commercial vehicles not authorized to travel on public roads for lack of registration or reciprocity where the vehicle is registered. The applicant, by signing this form in the space provided, certifies the:

1. vehicle will not be operated in violation of Transportation Code, Section 502.094
2. applicant is the owner or authorized agent of the owner of the vehicle described on the face of this receipt
3. applicant is a resident of the United States, Mexico, or Canada
4. vehicle is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

### ☐ ONE-TRIP PERMIT

The One-Trip Permit is valid only for the transit of a vehicle. It shall not be used for the transportation of any passenger or property for compensation or otherwise unless the vehicle is a bus operating under charter and not covered by a reciprocity agreement with its registration jurisdiction. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt:

1. will not be operated in violation of Transportation Code, Section 502.095
2. will not carry a load, fixed or otherwise
3. is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

### ☐ 30-DAY PERMIT

The 30-Day Permit is valid for use on passenger vehicles, motorcycles, private buses, trailers, and semitrailers, with a gross weight not exceeding 10,000 lbs. and light commercial vehicles not exceeding a gross weight of 10,000 lbs. A light commercial vehicle exceeding 10,000 lbs. may use this permit if operating unladen. The applicant, by signing this form in the space provided, certifies the vehicle described on the front of the receipt:

1. will not be operated in violation of Transportation Code, Section 502.095
2. is not a junked, salvage, or nonrepairable vehicle

**CURRENT PROOF OF LIABILITY INSURANCE REQUIRED.**

**NOTE:** The applicant, by signing this form in the space provided, hereby certifies the applicant is not purchasing this permit as a result of being apprehended for violating the registration laws of this state.

X \_\_\_\_\_  
(Signature of Owner or Agent)

### WARNING:

#### TRANSPORTATION CODE, SECTION 502.410

A person commits an offense if the person violates a provision of this chapter, and no other penalty is prescribed for the violation.

# Application for Texas Title and/or Registration

6/5/23

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|
| Applying for (please check one):<br><input type="checkbox"/> Title & Registration <input checked="" type="checkbox"/> Title Only <input type="checkbox"/> Registration Purposes Only <input type="checkbox"/> Nontitle Registration                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | TAX OFFICE USE ONLY                                                                                                     |                                   |  |
| For a corrected title or registration, check reason:<br><input type="checkbox"/> Vehicle Description <input type="checkbox"/> Add/Remove Lien <input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | County: <u>OS SANK</u><br>Doc # _____<br><input type="checkbox"/> SPV <input type="checkbox"/> Appraisal Value \$ _____ |                                   |  |
| 1. Vehicle Identification Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 2. Year                                                                                                                | 3. Make | 4. Body Style                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5. Model         | 6. Major Color                                                                                                          | 7. Minor Color                    |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 2018                                                                                                                   | HON     | SD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SONATA           | BLK                                                                                                                     |                                   |  |
| 8. Texas License Plate No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9. Odometer Reading (no tenths) | 10. This is the Actual Mileage unless the mileage is:                                                                  |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11. Empty Weight | 12. Carrying Capacity (if any)                                                                                          |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 82509                           | <input type="checkbox"/> Not Actual <input type="checkbox"/> Exceeds Mechanical Limits <input type="checkbox"/> Exempt |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| 13. Applicant Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | 14. Applicant EIN                                                                                                       |                                   |  |
| <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | [REDACTED]                                                                                                              |                                   |  |
| 15. ID Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                        |         | 16. Applicant First Name (or Entity Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                         |                                   |  |
| <input type="checkbox"/> U.S. Driver License/ID Card (issued by: _____)<br><input type="checkbox"/> Passport (issued by: _____)<br><input type="checkbox"/> U.S. Citizenship & Immigration Services/DOJ ID                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                        |         | <input type="checkbox"/> NATO ID <input type="checkbox"/> U.S. Dept. of State ID<br><input type="checkbox"/> U.S. Military ID <input type="checkbox"/> U.S. Dept. of Homeland Security ID<br><input type="checkbox"/> Other Military Status of Forces Photo ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                         |                                   |  |
| 16. Applicant First Name (or Entity Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Middle Name                                                                                                            |         | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Suffix (if any)                                                                                                         |                                   |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| 17. Additional Applicant First Name (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Middle Name                                                                                                            |         | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Suffix (if any)                                                                                                         |                                   |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| 18. Applicant Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                        |         | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State            | Zip                                                                                                                     | 19. Applicant County of Residence |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                        |         | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | [REDACTED]       | [REDACTED]                                                                                                              | LARRAMIE                          |  |
| 20. Previous Owner Name (or Entity Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                        |         | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State            | 21. Dealer GDN (if applicable)                                                                                          | 22. Unit No. (if applicable)      |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                        |         | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | [REDACTED]       |                                                                                                                         |                                   |  |
| 23. Renewal Recipient First Name (or Entity Name) (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Middle Name                                                                                                            |         | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Suffix (if any)                                                                                                         |                                   |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| 24. Renewal Notice Mailing Address (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | City                                                                                                                   |         | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Zip                                                                                                                     |                                   |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| 25. Applicant Phone Number (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 26. Email (optional)                                                                                                   |         | 27. Registration Renewal eReminder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 28. Communication Impediment?                                                                                           |                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                        |         | <input type="checkbox"/> Yes (Provide Email in #26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | <input type="checkbox"/> Yes (Attach Form VTR-216)                                                                      |                                   |  |
| 29. Vehicle Location Address (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                        |         | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State            | Zip                                                                                                                     |                                   |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                        |         | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | [REDACTED]       |                                                                                                                         |                                   |  |
| 30. Multiple (Additional) Liens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 31. Electronic Title Request                                                                                           |         | 32. Certified/eTitle Lienholder ID Number (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | 33. First Lien Date (if any)                                                                                            |                                   |  |
| <input type="checkbox"/> Yes (Attach Form VTR-267)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <input type="checkbox"/> Yes (Cannot check #30)                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| 34. First Lienholder Name (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Mailing Address                                                                                                        |         | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State            | Zip                                                                                                                     |                                   |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | [REDACTED]                                                                                                             |         | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | [REDACTED]       |                                                                                                                         |                                   |  |
| 35. Check only if applicable: <b>MOTOR VEHICLE TAX STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| <input type="checkbox"/> I hold Motor Vehicle Retailer (Rental) Permit No. _____ and will satisfy the minimum tax liability (V A T S., Tax Code §152.046(c))<br><input type="checkbox"/> I am a dealer or lessor and qualify to take the Fair Market Value Deduction (V A T S., Tax Code, §152.002(c)) GDN or Lessor Number _____                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| 36. Trade-In (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Year                                                                                                                   | Make    | Vehicle Identification Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                         | 37. Additional Trade-In(s)        |  |
| <input type="checkbox"/> Yes (Complete)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         | <input type="checkbox"/> Yes      |  |
| 38. Check only if applicable: <b>SALES AND USE TAX COMPUTATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| <input type="checkbox"/> (a) Sales Price (\$ _____ rebate has been deducted) \$ _____<br>(b) Less Trade-in Amount, described in Box 36 above \$ ( _____ )<br>(c) For Dealers/Lessors/Rental ONLY – Fair Market Value Deduction, described in Box 36 above \$ ( _____ )<br>(d) Taxable Amount (Item a minus Item b or Item c) \$ _____<br>(e) 6.25% Tax on Taxable Amount (Multiply Item d by .0625) \$ _____<br>(f) Late Tax Payment Penalty <input type="checkbox"/> 5% or <input type="checkbox"/> 10% \$ _____<br>(g) Tax Paid to _____ (STATE) \$ _____<br>(h) AMOUNT OF TAX AND PENALTY DUE (Item e plus Item f minus Item g) \$ _____ |                                 |                                                                                                                        |         | <input type="checkbox"/> \$90 New Resident Tax – (Previous State) _____<br><input type="checkbox"/> \$5 Even Trade Tax _____<br><input type="checkbox"/> \$10 Gift Tax – Attach Comptroller Form 14-317 _____<br><input checked="" type="checkbox"/> \$65 Rebuilt Salvage Fee _____<br><input type="checkbox"/> 2.5% Emissions Fee (Diesel Vehicles 1996 and Older > 14,000 lbs) _____<br><input type="checkbox"/> 1% Emissions Fee (Diesel Vehicles 1997 and Newer > 14,000 lbs) _____<br><input type="checkbox"/> Exemption claimed under the Motor Vehicle Sales and Use Tax Law because: _____<br><input checked="" type="checkbox"/> \$28 or \$33 Application Fee for Texas Title _____<br>(Contact your county tax assessor-collector for the correct fee) |                  |                                                                                                                         |                                   |  |
| <b>CERTIFICATION – State law makes falsifying information a third degree felony</b><br>I hereby certify all statements in this document are true and correct to the best of my knowledge and belief, and I am eligible for title and/or registration (as applicable)<br><input type="checkbox"/> (Check only if applicable) I certify I am applying for a corrected title and the original Texas Certificate of Title is lost or destroyed                                                                                                                                                                                                  |                                 |                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| Signature(s) of _____ (s), or Trader(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | [REDACTED]                                                                                                             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Date: 6-5-23                                                                                                            |                                   |  |
| Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Printed Name (Same as Signature)                                                                                       |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Date                                                                                                                    |                                   |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | [REDACTED]                                                                                                             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |
| Signature(s) of Additional Applicant(s)/Owner(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Printed Name(s) (Same as Signature(s))                                                                                 |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Date                                                                                                                    |                                   |  |
| [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | [REDACTED]                                                                                                             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                         |                                   |  |

# Application for Texas Title and/or Registration

## General Instructions

**With a few exceptions, you are entitled to be informed about the information the department collects about you. The Texas Government Code entitles you to receive and review the information and to request that the department correct any information about you that is incorrect. Please contact the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000 for details.**

This form must be completed and submitted to your county tax assessor-collector accompanied by any required application fee, supporting documents, registration fee, if applicable, and any motor vehicle tax due. An application form may be reproduced or faxed. A completed form must contain the original signature of the buyer. The seller's signature may be reproduced or faxed. All title applications must include one of the government-issued photo IDs listed in Box 15. Detailed instructions for completing this form are located in the *Detailed Instructions for Application for Texas Title and/or Registration* (Form VTR-130-UIF).

### AVAILABLE HELP

- For assistance in completing this form, contact your county tax assessor-collector.
- For information about motor vehicle sales and use tax or emission fees, contact the Texas Comptroller of Public Accounts, Tax Assistance Section, at 1-800-252-1382 toll free nationwide or call 512-463-4600.
- For title or registration information, contact your county tax assessor-collector or the Texas Department of Motor Vehicles at 1-888-368-4689 or 512-465-3000.

## Additional Details

**Title Only:** License plates and registration insignia previously issued for this motor vehicle must be surrendered in accordance with Transportation Code §501.0275, if applicable, unless this vehicle displays a license plate under an applicable status of forces agreement. The following types of vehicles are not eligible for Title Only: construction machinery (unconventional vehicles), water well drilling units, machinery used exclusively for drilling water wells, construction machinery not designed to transport persons or property, implements of husbandry, farm equipment (including combines), golf carts, slow moving vehicles, or any vehicle with a suspended or revoked title.

**Registration Purposes Only:** Do not surrender an original out of state title with this application. A Texas title will NOT be issued for a vehicle applying for Registration Purposes Only. The receipt issued upon filing this application will serve as the registration receipt and proof of application for Registration Purposes Only.

- **Foreign Vehicles:** Foreign vehicles applying for Registration Purposes Only must attach DOT Form HS-7 or U.S. Customs Form CF-7501 to indicate the vehicle is: 1) over 25 years old, or 2) complies with Federal Motor Vehicle Safety Standards, or 3) is being imported in the United States for a temporary period by a nonresident or a member of the armed forces of a foreign country on assignment in the U.S., and does not conform to the Federal Motor Vehicle Standards and cannot be sold in the U.S.

**Nontitle Registration:** Certain trailers, farm equipment, construction machinery, oil well servicing machinery, water well drilling units, etc. are either exempt from, or not eligible for title, but are eligible for, or required to, obtain registration or a specialty plate in order to operate on the highway. Applicants should mark this box only when applicable. **Note:** A lien cannot be recorded on this type of application.

**Out of State Vehicles:** If the applicant certifies the vehicle is located out of state, self-certification of the Vehicle Identification Number (VIN) is allowed if a VIN verification form issued by a Texas state-approved safety inspection station is not included with the submission of this application. See *Vehicle Identification Number Certification* (Form VTR-270) for more information.

## Notice

- The sales and use tax must be paid to the county tax assessor-collector within 30 days from the date of purchase or entry of the vehicle into Texas.
- A \$2.50 transfer fee is paid to transfer current registration to the new owner in addition to the title application fee and other applicable fees. If the registration is not current, full registration fees are due unless applying for Title Only.
- A 6.25 percent motor vehicle sales and use tax is imposed on the sales price (less trade-in allowance) of motor vehicles for use in Texas or a motor vehicle purchased outside of the state and later brought into this state by a Texas resident.
- Standard Presumptive Value (SPV) applies to private-party sales of most used motor vehicles purchased or brought into Texas. The tax is computed on the greater of the sales price or 80 percent of the SPV on the day of title application.
- New Texas residents are subject to a \$90 use tax on a vehicle brought into this state that was previously registered to the new resident in another state or foreign country. This is in lieu of the 6.25 percent use tax imposed on a Texas resident.
- A \$10 gift tax is due when a person receives a motor vehicle as a gift from an immediate family member, guardian, or a decedent's estate. A vehicle donated to, or given by, a non-profit service organization qualifying under IRC 501(c)(3) is also taxed as a gift. Both donor and recipient must sign the Comptroller's joint affidavit, *Affidavit of Motor Vehicle Gift Transfer* (Form 14-317). The affidavit and the title application must be submitted in person by either the donor or recipient.
- A transaction in which a motor vehicle is transferred to another person without payment of consideration and one that does not qualify as a gift described above is a sale and will be subject to tax calculated on the vehicle's standard presumptive value.
- A late penalty equal to 5 percent of the tax will be charged if the tax or surcharge is paid from 1 to 30 calendar days late. If more than 30 calendar days late, the penalty will be 10 percent of the tax; minimum penalty is \$1.
- In addition to the late tax payment penalty, Texas Transportation Code provides for an escalating delinquent transfer penalty of up to \$250 for failure to apply for title within 30 days from the date of title assignment. Submit this application along with proper evidence of ownership and appropriate valid proof of financial responsibility such as a liability insurance card or policy.
- All new residents applying for a Texas title and registration for a motor vehicle must file at the county tax assessor-collector of the county in Texas where the applicant resides within 30 days of establishing residency. Texas law requires that all vehicles previously registered and titled or registered in another state or country be inspected for safety and the vehicle identification number verified before such vehicles may be registered in Texas. These inspections must be made by a state appointed safety inspection station that will complete a Texas Vehicle Inspection Report. This form must be submitted to the county tax assessor-collector with your application for registration and Texas title.

# CERTIFICATE OF TITLE

STATE OF OKLAHOMA

SALVAGE

VEHICLE IDENTIFICATION NUMBER

YEAR  
2018

MAKE  
HYUN

TITLE NO.

BODY TYPE  
SD

MODEL  
SONATA

DATE 1st SOLD

DATE ISSUED  
28-Apr-2023

AGENT NO  
M5507

COLOR  
Black

APPLICATION DATE  
27-Apr-2023

ODOMETER  
82483  
Actual

TYPE OF TITLE  
Original

DATE INS.  
LOSS OR SALVAGE  
2/25/2023

MAILING ADDRESS

THIS VEHICLE IS SUBJECT TO THE FOLLOWING LIEN(S).

NAME AND ADDRESS OF THE VEHICLE OWNER

**SALVAGE**

It is hereby certified that according to the records of the Oklahoma Tax Commission, the person named hereon is the owner of the vehicle describe above which is subject to a lien(s) as shown, however, the vehicle may be subject to other liens or security interests

CONTROL NO.

(This is not a title number.)

IF REGISTERED  
OWNER (SELLER) IS  
A LICENSED DEALER,  
PLACE OKLAHOMA  
MOTOR VEHICLE TAX  
STAMP HERE

ASSIGNMENT OF TITLE BY REGISTERED OWNER (If Dealer, List License # Here: \_\_\_\_\_)

I/we hereby assign and warrant ownership of the vehicle described on this certificate to the following, subject only to the liens or encumbrances, if any, pro

Purchaser(s) Name (Type or Print

Purchaser(s) Complete Address

Actual Purchase Price of

I certify to the best of my knowledge that the ODOMETER READING reflected on the vehicle's odometer and listed below is the ACTUAL MILEAGE of the vehicle UNLESS one of the accompanying statements is checked:

☒ 0 2 4 8 3 (NO TENTHS)

☐ 1 The odometer has exceeded its mechanical limits

☐ 2 The odometer reading is NOT the actual

Signature of Seller

Printed Name of Seller(s)

Subscriber

Day of

, 20

Notary

Commission Expiration

seller's signature(s). Affix notary seal/stamp

Signature of Buyer(s):

Printed Name of Buyer(s):



42957153  
18 HYUN  
SONATA SE  
PH: 18 - PR: 18



42957153  
BDCC  
637103  
GEI

VOID IF ALTERED

### Ownership Transfer Information

Federal and state law requires that the odometer reading and its accuracy be disclosed upon every transfer of ownership of a motor vehicle unless otherwise exempted. Failure to complete or providing false information may result in fines and/or imprisonment.

The presence of any lien or encumbrance on this vehicle is to be so noted where indicated on the bottom of this page.

State law requires a transfer of ownership to be completed within thirty (30) days of acquiring ownership. Failure to do so subjects the owner or possessor to the assessment of delinquent penalties, as provided by law.

**ALL SELLERS SIGNATURES ON THIS DOCUMENT MUST BE SWORN TO BEFORE A NOTARY PUBLIC.**

**REASSIGNMENT OF TITLE BY LICENSED DEALER NUMBER:** \_\_\_\_\_

PLACE OKLAHOMA  
MOTOR VEHICLE TAX  
STAMP HERE

I/we hereby assign and warrant ownership of the vehicle described on this certificate to the following, subject only to the liens or encumbrances, if any, properly noted on this certificate.

**Purchaser(s) Name (Type or Print):** \_\_\_\_\_

**Purchaser(s) Complete Address:** \_\_\_\_\_

**Actual Purchase Price of Vehicle, Excluding Credit for Any Trade-in:** \_\_\_\_\_

I certify to the best of my knowledge that the ODOMETER READING reflected on the vehicle's odometer and listed below is the ACTUAL MILEAGE of the vehicle UNLESS one of the accompanying statements is checked:

☐ ☐ ☐ ☐ ☐ ☐ (NO TENTHS)

(NO TENTHS)

- ☐ 1 The odometer has exceeded its mechanical limits  
☐ 2 The odometer reading is NOT the actual mileage **Warning — Odometer Discrepancy**

**Signature of Seller(s):** \_\_\_\_\_ **Printed Name of Seller(s):** \_\_\_\_\_

Subscribed and Sworn to Before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_ Commission Expiration: \_\_\_\_\_

Affix  
Notary Seal / Stamp  
Here

*Notarization required only of seller's signature(s). Affix notary seal/stamp to the right.*

**Signature of Buyer(s):** \_\_\_\_\_ **Printed Name of Buyer(s):** \_\_\_\_\_

**SURRENDERED**

**REASSIGNMENT OF TITLE BY LICENSED DEALER NUMBER:** \_\_\_\_\_

PLACE OKLAHOMA  
MOTOR VEHICLE TAX  
STAMP HERE

I/we hereby assign and warrant ownership of the vehicle described on this certificate to the following, subject only to the liens or encumbrances, if any, properly noted on this certificate.

**Purchaser(s) Name (Type or Print):** \_\_\_\_\_

**Purchaser(s) Complete Address:** \_\_\_\_\_

**Actual Purchase Price of Vehicle, Excluding Credit for Any Trade-in:** \_\_\_\_\_

I certify to the best of my knowledge that the ODOMETER READING reflected on the vehicle's odometer and listed below is the ACTUAL MILEAGE of the vehicle UNLESS one of the accompanying statements is checked:

☐ ☐ ☐ ☐ ☐ ☐ (NO TENTHS)

(NO TENTHS)

- ☐ 1 The odometer has exceeded its mechanical limits.  
☐ 2 The odometer reading is NOT the actual mileage. **Warning — Odometer Discrepancy**

**Signature of Seller(s):** \_\_\_\_\_ **Printed Name of Seller(s):** \_\_\_\_\_

Subscribed and Sworn to Before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_ Commission Expiration: \_\_\_\_\_

Affix  
Notary Seal / Stamp  
Here

*Notarization required only of seller's signature(s). Affix notary seal/stamp to the right.*

**Signature of Buyer(s):** \_\_\_\_\_ **Printed Name of Buyer(s):** \_\_\_\_\_

### LIENHOLDER INFORMATION

Any active lien or encumbrance against this vehicle is to be described below. Any active lien reflected on the face of this certificate will carry forward to any subsequent Oklahoma title issued unless a proper release of lien has been executed.

**LIENHOLDER NAME:** \_\_\_\_\_ **DATE OF LIEN:** \_\_\_\_\_

**LIENHOLDER ADDRESS / CITY / STATE / ZIP:** \_\_\_\_\_



Texas Department  
of Motor Vehicles

## Rebuilt Vehicle Statement

### Instructions

This form is required when a vehicle is repaired, rebuilt, reconstructed, or assembled in order to obtain a Texas title. The completed form must be submitted to a county tax assessor-collector with the *Application for Texas Title and/or Registration (Form 130-U)*, ownership evidence, and any other required documents. **Note: Page 2 must be completed if component parts were used to repair, rebuild, reconstruct, or assemble the vehicle. The owner and rebuilder may be the same; therefore, the same individual may sign both statements.**

An authorized Texas Department of Public Safety state vehicle inspection station must inspect the vehicle after it has been repaired, rebuilt, reconstructed, or assembled. Upon completion, the inspection station will provide a *Vehicle Inspection Report (VIR)*. A copy of the VIR may be required if the inspection cannot be automatically verified at the time of application for Texas title and registration. A vehicle safety inspection is not required if the vehicle will not be registered (Title Only) or is otherwise exempt from an inspection. **Note: An additional inspection is also required for any newly assembled vehicle that has not previously been titled as a complete vehicle. This additional inspection is completed on the Form VTR-64 (or Form VTR-852, if applicable).**

### Vehicle/Owner Information

|                                             |              |              |                  |                 |
|---------------------------------------------|--------------|--------------|------------------|-----------------|
| Vehicle Identification Number<br>[REDACTED] | Year<br>2018 | Make<br>HYUN | Body Style<br>SD | Model<br>SONATA |
| First Name (or Entity Name)<br>[REDACTED]   | Middle Name  | Last Name    | Suffix (if any)  |                 |

### Details of Work Performed

|                                                                                                                |                                                                                                                                                                                                                                                                     |           |                 |     |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|-----|
| Rebuilder                                                                                                      | Middle Name                                                                                                                                                                                                                                                         | Last Name | Suffix (if any) |     |
|                                                                                                                | [REDACTED]                                                                                                                                                                                                                                                          |           |                 |     |
| Work Performed                                                                                                 | Address                                                                                                                                                                                                                                                             | City      | State           | Zip |
|                                                                                                                | [REDACTED]                                                                                                                                                                                                                                                          |           |                 |     |
|                                                                                                                | The individual (rebuilder) who repaired, rebuilt, reconstructed, or assembled the vehicle must provide an explanation as to the work done to repair, rebuild, reconstruct, or assemble the motor vehicle and specify the location* of any component parts replaced: |           |                 |     |
|                                                                                                                | front Bumper Replaced                                                                                                                                                                                                                                               |           |                 |     |
|                                                                                                                | [REDACTED]                                                                                                                                                                                                                                                          |           |                 |     |
| * Right (R), Left (L), Front (F), Rear (R), Right Front (RF), Left Front (LF), Right Rear (RR), Left Rear (LR) |                                                                                                                                                                                                                                                                     |           |                 |     |

### Rebuilder Certification – State law makes falsifying information a third degree felony

I, the rebuilder listed above, certify I repaired, rebuilt, reconstructed, or assembled the vehicle described above and purchased or came into possession of all the component parts listed on page 2 in a legal and lawful manner in accordance with the provisions of Transportation Code, Chapter 501.

|                                      |                                                |                |
|--------------------------------------|------------------------------------------------|----------------|
| Signature of Rebuilder<br>[REDACTED] | Printed Name (Same as Signature)<br>[REDACTED] | Date<br>6-5-23 |
|--------------------------------------|------------------------------------------------|----------------|

### Vehicle Inspection Report Information

|                                     |                                |
|-------------------------------------|--------------------------------|
| Authorization or Certificate Number | Date of Inspection (Test Date) |
|-------------------------------------|--------------------------------|

### Owner Certification – State law makes falsifying information a third degree felony

I, the owner (as listed above), certify I am the legal and rightful owner of the vehicle described above; the vehicle has been repaired, rebuilt, reconstructed, or assembled; the vehicle has been inspected; and the vehicle identification number (VIN) provided above is the same as the VIN affixed to the motor

|                                  |                                                |                |
|----------------------------------|------------------------------------------------|----------------|
| Signature of Owner<br>[REDACTED] | Printed Name (Same as Signature)<br>[REDACTED] | Date<br>6-5-23 |
|----------------------------------|------------------------------------------------|----------------|

# Rebuilt Vehicle Statement

These sections must be completed by the rebuilder if the vehicle has been repaired, rebuilt, reconstructed, or assembled with any of the listed component parts.

| Component Parts – Engine, Frame, and Body                                                                     |                                                                         |                                     |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------|
| Component Part                                                                                                | Origin of Component Part/Purchased from:<br>(Name and Complete Address) | Component Part Number<br>(required) |
| Engine                                                                                                        |                                                                         |                                     |
| Frame                                                                                                         |                                                                         |                                     |
| Body                                                                                                          |                                                                         |                                     |
| <b>Note:</b> Ownership evidence (bill of sale and/or title) is required if an engine, frame, or body is used. |                                                                         |                                     |

| Component Parts – Other                                                                            |                                                                         |                                         |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|
| Component Part                                                                                     | Origin of Component Part/Purchased from:<br>(Name and Complete Address) | Component Part Number<br>(if available) |
| Transmission                                                                                       |                                                                         |                                         |
| Fender(s)*                                                                                         |                                                                         |                                         |
| Hood                                                                                               |                                                                         |                                         |
| Door(s)*                                                                                           |                                                                         |                                         |
| Bumper(s)*                                                                                         | front Bumper/Catyt A/B/2500 & maybe 1st Arlington to 76014              | N/A                                     |
| Quarter Panel(s)*                                                                                  |                                                                         |                                         |
| Tailgate/Deck Lid/Hatchback                                                                        |                                                                         |                                         |
| Pickup Cargo Box (vehicle 10,000 pounds or less)                                                   |                                                                         |                                         |
| Cab of a Truck                                                                                     |                                                                         |                                         |
| Roof or Floor Pan (passenger vehicle, if separate from body)                                       |                                                                         |                                         |
| <b>Note:</b> Submit any bills of sale for these component parts (if any).                          |                                                                         |                                         |
| * Specify the location of the component part on page 1 in the "Details of Work Performed" section. |                                                                         |                                         |

# SHOW REPORT FOR TEXAS VEHICLE REGISTRATION

## TEXAS VEHICLE INSPECTION REPORT

Safety & Emissions Inspection

FOR INFORMATION ABOUT VEHICLE INSPECTION, VISIT [www.dps.texas.gov/rsd/vi/](http://www.dps.texas.gov/rsd/vi/).

FOR INFORMATION ABOUT ONLINE VEHICLE REGISTRATION, VISIT [www.twostepsonesticker.com](http://www.twostepsonesticker.com).

### Vehicle Identification

Test Date/Time: **06/03/2023, 10:29**  
Test and Type: **Initial - OBDII**  
Insp. Type: **OBDNL**  
Version/Test Number: **2103/2785**  
License Number: **[REDACTED]**  
Vehicle ID Number: **[REDACTED]**  
Vehicle Make: **HYUN**  
Vehicle Model: **SONATA**  
Vehicle Year/Type: **2018/Passenger Car/Station Wagon**  
Engine Size/Cyl/Ign: **2400/4/D**  
Authorization Number: **[REDACTED]**  
Transmission/GVW: **Automatic/4497**  
Odometer/Fuel Type: **82509/Gasoline**

### Station Identification

Station Name: **JODAFE AUTO SALES**  
Station #/Analyzer: **[REDACTED]**  
Station Address: **5674 RENDON BLOODWORTH RD**  
Station City: **FORT WORTH**  
Station Zip Code: **76140**  
Inspector First Name: **FELIPE**  
Inspector Last Name: **PINALES RIVERA**

Safety Inspection Fee: **\$7.00**  
Safety Repair Cost: **\$0.00**  
Emissions Test Fee: **\$18.00**  
Emissions Repair Cost: **\$0.00**  
Total Inspection Cost: **\$25.00**

### Emissions Test Results

CONGRATULATIONS, your vehicle has passed the emissions (I/M) test portion of your annual safety inspection! By maintaining your vehicle in good working condition, you are doing your share for clean air. You are also saving money on gas and extending the life of your vehicle because your emissions control equipment is working as it should.

| Status of Bulb Check       | Monitors    | Status | Monitors             | Status        | Monitors    | Status    |
|----------------------------|-------------|--------|----------------------|---------------|-------------|-----------|
| MIL Cmd Status: <b>OFF</b> | Misfire:    | Ready  | Heated Cat:          | Not Supported | O2 Sens:    | Ready     |
| MIL:                       | Fuel Sys:   | Ready  | Evap:                | Ready         | O2 Sens Htr | Not Ready |
| Engine On: <b>PASS</b>     | Comp Cmpnt: | Ready  | 2 <sup>nd</sup> Sys: | Not Supported | EGR/VVT:    | Ready     |
| Engine Off: <b>PASS</b>    | Catalyst:   | Ready  | Air Cond:            | Not Supported | DLC:        | Pass      |

Fault Codes: No Codes Present

Gas Cap Integrity: **Pass**

**Overall Result: PASS**  
**See Back for Recall**  
**Information**



Safety Items: **Pass**

I certify that I have properly performed the emissions test according to state regulations and procedure manuals, and as the undersigned has physically examined the manufacturer's vehicle identification number of the motor vehicle described above.

## IMPORTANT VEHICLE SAFETY RECALL INFORMATION



The recall information provided below for your vehicle may not include all recalls associated with this vehicle and its vehicle identification number (VIN). You can get a complete list and additional details by calling National Highway Traffic Safety Administration's (NHTSA's) Vehicle Safety Hotline at **1-888-327-4236** or by entering the VIN at your vehicle manufacturer's website and the NHTSA website, provided at [www.nhtsa.gov](http://www.nhtsa.gov).

VIN: [REDACTED]

Recall Check: Successful

Recalls Found: 1

| NHTSA Recall Number | Recall Description                    |
|---------------------|---------------------------------------|
| 993 /               | INSPECT & ANTI-THEFT SOFTWARE UPGRADE |

### What is a recall?

When a vehicle manufacturer, NHTSA, or the Environmental Protection Agency (EPA) determines that a vehicle has a safety-related defect or does not comply with a federal safety standard, a recall notice is issued. Vehicle manufacturers are required to **fix** the vehicle at **no cost to the consumer** or provide remedies for safety-related defects that are the subject of recalls.

### What should I do if my vehicle is included in this recall?

If your vehicle is included in a recall, it is very important that you get it fixed as soon as possible given the potential danger to you and your passengers if it is not addressed. Contact your vehicle manufacturer or dealership to arrange for repairs and to verify parts availability or call NHTSA's Vehicle Safety Hotline at **1-888-327-4236**.