

## **STATEMENT OF FACTS**

Complete the appropriate section(s) in full (including vehicle description) and sign Section H.

| LICE         | NSE PLATE  | CF NUI  | MBER  |  | VEH   | HICLE/V   | /ESSEL  | ID NUMBE  | ER   |   |   |  |                                  |                                      |                               |      |                           |            |              |                     | 1            | YEAR/M  | AKE    |         |         | _  |
|--------------|--|---|---|--|---|---|---|---|--|---|---|--|----------------------------------|--------------------------------------|-------------------------------|------|---------------------------|------------|--------------|---------------------|--------------|---------|--------|---------|---------|----|
|              |  |   |   |  |   |   |   |   |  |   |   |  |                                  |                                      |                               |      |                           |            |              |                     |              |         |        |         |         |    |
| Α.           | STAT   | EME   | NT F  | OR U   | SE  | TAX   | EXE   | MPTIC   | N  |   |   |  |                                  |                                      |                               |      |                           |            |              |                     |              |         |        |         |         |    |
|              | s transf<br>Family t<br>minors r   | ransf<br>elate  | er soled  | d betwood o  | veer<br>or a  | n a pa<br>doptid  | arent,<br>on).  | child,  | graı   | ndpa  |   |  |                                  |                                      |                               |      |                           |            |              |                     |              |         |        | •       |         |    |
|              | Addition<br>Gift (doe<br>Court O<br><b>TE: Th</b> e                        | es no<br>rder   | t inclu   | de ve  | hicle   | es tra<br>nerita  | ided b<br>ince  | etwee   | n in   | divid   | luals   | s, tra                                       | ınsfe                            | er of                                | con                           | tra  | cts c                     | r oth      | er v         | valu                | ıabl         | e con   | nside  | eration | ).      |    |
|              | oth  | erwi  | se qu   | alifyiı  | ng r  |   |   | no is e   |  |   |   |  |                                  |                                      |                               |      |                           |            |              |                     |              |         |        |         |         |    |
|              | curren   |   |   |  |   |   |   |   | _ ·  |   |   |  |                                  |                                      |                               |      |                           |            |              |                     |              |         |        |         |         |    |
| B.           | STAT<br>vehicl   |   |   |  |   |   |   |   |  |   |   |  | _                                |                                      |                               |      |                           |            |              |                     |              |         |        |         |         |    |
| * Do         | The last It is poor It is loc It is being The Farm As Cool Lest Indoes not | et sme<br>wered<br>ated<br>ng tra<br>e par<br>mily (<br>ole p<br>mpar<br>ssor a<br>ssor a<br>ividu<br>requi | og cer<br>d by:<br>outsid<br>ansfer<br>ent, gi<br>Code {<br>roprie<br>nies w<br>and les<br>and pe<br>al(s) b<br>re sm | tification tification tification to the the tred from the transport to the | electric state of the state of | was of ctricity te of between the trace the period has bed as a station | btain by Califoreen: ild, gransfer broprio busin been regis unles | ed with die ornia. (I andchiee.* etor as is no chiesse Bier | hin t<br>esel<br>Exce<br>iild, t<br>s own<br>leas<br>ange<br>e's o<br>own<br>nnial | he la [eptio proth ner.* sing v e in topera er(s) I Sma | ast 9 On: N Her, 9 A | 00 da 0ther Neva siste cles esse of th s rec | ays ada a r, sp . The ee or e ve | ouse<br>ouse<br>ere i<br>ope<br>hick | Mex<br>e, or<br>s no<br>erato | r do | )<br>ang<br>f the<br>leas | e in l     | ess<br>iicle | see<br>e.*<br>ear.* | or c         | pera    | tor.*  |         |         |    |
|              | Transf   |   |   |  |   | le Or   |   | 000   | u 0.   | 000   | . 0.  | 9  | ····                             | 0.                                   | · · ·                         | 9    |                           | <b>y</b> c | ****         | app                 | , . <b>y</b> | .g .c   | . u.   |         |         |    |
| higl<br>with | e vehicle<br>nway to<br>nin Calif<br>erated.                               | caus  | se regi   | istratio   | on fe   | ees to  | o bec   | ome d   | ue.  | It wa   | as n  | ot tra                                       | ansp                             | orte                                 | d ov                          | ver  | any                       | Cali       | forr         | nia p               | pub          | lic hiç | ghwa   | ay or o | operate | ed |
| D.           | WIND   | ow  | DEC   | AL FC  | OR V  | NHE   | ELCI  | HAIR  | LIFT   | OR  | R W   | HEE  | LCH                              | IAI                                  | R C                           | AR   | RIE                       | ₹          |              |                     |              |         |        |         |         |    |
|              | er your<br>card nui  |   |   |  | n Lic   | cense   | e Pla   | te, or  | Disa   | bled  | l Ve  | tera   | n Lio                            | cens                                 | e P                           | late | e, or                     | Per        | ma           | nen                 | t Di         | sable   | ed P   | 'erson  | Parkir  | ng |
| DISA         | BLED PERSO   | ON PLAT   | ΓE  |  |   |   | 1   | DISABLED  | VETE   | RAN PI  | LATE  |  |                                  |                                      |                               |      | PE                        | RMANI      | ENT [        | DISAB               | LED F        | PERSON  | I PLAC | ARD     |         |    |
|              | vehicle  |   | hich n  | ny Wii   | ndov  | w De  |   | ill be a  |  | d is:   |   |  |                                  |                                      |                               |      | VE                        | HICLE      | ID NU        | JMBE                | R            |         |        |         |         | _  |
|              | I to:  |   |   |  |   |   |   |   |  |   |   |  |                                  |                                      |                               |      |                           |            |              |                     |              |         |        |         |         |    |
| NAME         | =  |   |   |  |   |   |   |   |  |   |   |  |                                  |                                      |                               |      |                           |            |              |                     |              |         |        |         |         |    |
| ADDF         | RESS   |   |   |  |   |   |   |   |  |   |   |  |                                  |                                      |                               |      |                           |            |              |                     |              |         |        |         |         |    |
| CITY         |  |   |   |  |   |   |   |   |  |   |   |  |                                  |                                      |                               |      | ST                        | ATE        |              |                     |              |         | ZII    | Р       |         |    |

## **STATEMENT OF FACTS**

Complete the appropriate section(s) in full (including vehicle description) and sign Section H.

| _          |   |
|------------|---|
| LICE       | NSE PLATE/CF NUMBER VEHICLE/VESSEL ID NUMBER YEAR/MAKE  |
| Ε.         | STATEMENT FOR VEHICLE BODY CHANGE (OWNERSHIP CERTIFICATE REQUIRED)  |
| The        | e current market value of the vehicle or vessel is: \$  |
| Cha        | anges were made at a cost of \$ on this date  |
| <b>Thi</b> | is is what I changed: Check all that apply:  Unladen Weight changed because (Public Weighmaster Certificate is required. Exception: Trailers)  Motive Power changed from to  Body Type changed from to  Number of Axles changed from to |
| F.         | NAME STATEMENT (OWNERSHIP CERTIFICATE REQUIRED)   |
| Ple        | ase print   |
|            | I, and are one and the same person.   |
|            | My name is misspelled. Please correct it to:  |
|            | I am changing my name from to   |
| G.         | STATEMENT OF FACTS  |
| I, th      | ne undersigned, state:  |
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| Н.         | APPLICANT'S SIGNATURE   |
| I ce       | ertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and   |
|            | TED LAST NAME FIRST NAME MIDDLE NAME DAYTIME PHONE NUMBER   |
| SIGN       | TATURE DATE   |
| $\wedge$   |   |