

812

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

VEHICLE TRANSACTION APPLICATION

APPLICATION TYPE	TITLE	REGISTRATION
	<input type="checkbox"/> CHANGE OF OWNERSHIP <input type="checkbox"/> REPLACEMENT TITLE <input type="checkbox"/> CORRECTION / ADD OR REMOVE LIENHOLDER	<input type="checkbox"/> REGISTRATION <input type="checkbox"/> LOST TAB <input type="checkbox"/> LOST PLATE <input type="checkbox"/> OTHER _____ I AM ALSO APPLYING FOR AN EXEMPTION: <input type="checkbox"/> SENIOR (65+) <input type="checkbox"/> MILITARY <input type="checkbox"/> GUARD <input type="checkbox"/> DISABILITY <input type="checkbox"/> CHARITABLE/GOVERNMENT <input type="checkbox"/> PERMANENT REGISTRATION (I LIVE IN AN ELIGIBLE AREA) <input type="checkbox"/> OTHER _____

VEHICLE INFORMATION	SERIAL NUMBER (VIN)		SECONDARY SERIAL NUMBER (VIN)			
	YEAR	MAKE	MODEL	BODY STYLE	COLOR	
	ODOMETER (MILES)	WEIGHT	<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATED	IS VEHICLE USED COMMERCIALY <input type="checkbox"/> YES <input type="checkbox"/> NO	AK LICENSE PLATE #	<input type="checkbox"/> NEW PLATES REQUESTED
	INSURANCE COMPANY		INSURANCE POLICY NUMBER			

OWNER INFORMATION	FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME		SUFFIX
	DRIVER LICENSE #	STATE	DATE OF BIRTH		ORGAN DONOR <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NO.	
	COMPANY OR TRUST NAME (If applicable)				TAXPAYER ID NO.	Are you an Alaska Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	

CONJUNCTION TYPE

"AND" requires the signatures of ALL owners to sell / transfer

"OR" requires the signature of a single owner to sell / transfer

CO-OWNER INFORMATION	FULL FIRST NAME		FULL MIDDLE NAME		FULL LAST NAME		SUFFIX
	DRIVER LICENSE #	STATE	DATE OF BIRTH		ORGAN DONOR <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NO.	
	LEASING COMPANY, COMPANY, OR TRUST (If applicable)				TAXPAYER ID NUMBER	Are you an Alaska Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	

CONTACT INFORMATION	OWNER MAILING ADDRESS			CITY	STATE	ZIP
	OWNER RESIDENCE ADDRESS			CITY	STATE	ZIP
	EMAIL ADDRESS			PHONE #	I WANT TO RECEIVE NOTIFICATIONS BY: <input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> E-MAIL	
	LEASING COMPANY MAILING ADDRESS			CITY	STATE	ZIP

COMMERCIAL	COMMERCIAL VEHICLES, LEASED VEHICLES, VEHICLES OWNED BY A COMPANY, OR VEHICLES WEIGHING MORE THAN 10,000 POUNDS					
	DURATION OF REGISTRATION <input type="checkbox"/> ANNUAL <input type="checkbox"/> BIENNIAL	Heavy Vehicle Use Tax Declaration <input type="checkbox"/> IRS 2290 ATTACHED <input type="checkbox"/> EXEMPT	DOT NO.	NO. OF AXLES		
	IS THE CARRIER RESPONSIBLE FOR SAFE OPERATION EXPECTED TO CHANGE DURING THE REGISTRATION PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO		TAX ID ASSOC. WITH DOT NO.	<input type="checkbox"/> DUAL REGIST. REQUESTED CURR REG. IN _____		
	PRISM <input type="checkbox"/> SUBJECT TO <input type="checkbox"/> EXEMPT Must Certify below*					
	* I certify under penalty of perjury that I am the owner of the vehicle listed above; AND the vehicle does not require a USDOT number.					
Owner's/Agent's Printed Name		Owner's/Agent's Signature			Date	

OTHER INFORMATION	LIENHOLDER NAME (If vehicle is paid in full – write "NONE")				
	LIENHOLDER ADDRESS: (PO Box or Street Address)			CITY / STATE / ZIP CODE	
	DO YOU WISH TO DONATE \$1 OR MORE TO SUPPORT THE ORGAN AND TISSUE DONATION PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT \$ _____	Personalized Plate Transfer <input type="checkbox"/> I would like to transfer my personalized plate to this vehicle Plate #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
AFFIDAVIT					

I certify under penalty of law there is a liability insurance policy for this vehicle if required by AS 28.22.011 and this policy will be maintained during the entire registration period. The address shown is my true legal address and the vehicle will be operated on Alaska roadways. If this is a commercial vehicle, I am familiar with and have knowledge of the Federal Motor Carrier Safety Regulations 49 CFR, Hazardous Materials Regulations and applicable Federal/state CMV safety laws and regulations. I certify under penalty of perjury that all information is true and correct. False statements are punishable under AS 11.56.210.	DMV USE ONLY
	DOCUMENTS ACCEPTED
	CLASS CODE: _____
	BATCH NO: _____
X _____ SIGNATURE OF OWNER / AGENT (INCLUDE TITLE)	DATE _____
X _____ SIGNATURE OF OWNER / AGENT (INCLUDE TITLE)	DATE _____
	DATE: _____
	LOGIN ID: _____

HEAVY VEHICLE USE TAX DOCUMENTATION

Important Information Regarding Alternate Proof of Payment for HVUT:

Due to the current health crisis, taxpayers who filed a paper Form 2290 to report and pay the highway use tax for the taxable period July 1, 2020, through June 30, 2021, can expect a significant delay in receiving their IRS-stamped Form 2290 Schedule 1 receipt.

The Following **are acceptable proof of payment** for taxpayers who have filed a paper Form 2290 for HVUT for the period July 1, 2020 through June 30, 2021, and have **not** received their IRS-Stamped Form 2290 Schedule 1 receipt:

The stamped Schedule 1 from the previous taxable period; July 1, 2019 through June 30, 2020; listing the VIN number of the vehicle to be registered, or

A photocopy of the 2290 (with the Schedule 1 attached) that was filed with the IRS covering the current tax period for the vehicle being registered, **along with:**

- photocopy of both sides of a cancelled check; *or*
- copy of the confirmation from the IRS electronic funds withdrawal, *or*
- copy of the taxpayer's bank statement showing "IRS USA Tax Payment," or similar language

Heavy Vehicle Use Tax Compliance Section (HVUT)

Motor Vehicles with a taxable gross weight of 55,000 pounds or more are subject to HVUT Compliance

Taxable gross weight is defined as the sum of the following:

- Empty weight of the motor vehicle, and
- Empty weight of trailer or semi-trailer(s) customarily used with motor vehicle, and
- Maximum load carried by the motor vehicle and on trailers or semi-trailers customarily used in combination with the motor vehicle

NOTE: Per A.S. 28.10.050 12 (c) The State of Alaska shall refuse to register a heavy motor vehicle subject to the federal highway use tax, if the applicant fails to furnish proof, in accordance with 23 CFR 669

Last six digit of Vehicle Identification Number (VIN): _____

HVUT Documentation Attached? YES NO

Was this vehicle purchased within 60 days of the application for AK Registration? YES* NO

ALVIN Code E1

*If yes, the date of sale will be verified on the titling documents and HVUT documents are not required for initial registration.

HVUT GROSS TAXABLE WEIGHT DECLARATION:

Under penalty of law, I certify by signing below, the vehicle has a taxable gross weight of 55,000 pounds or less and not subject to HVUT.

X _____ / / _____
SIGNATURE OF OWNER/AGENT DATE

PRINTED NAME OF OWNER/AGENT SIGNING FOR COMPANY COMPANY NAME



Division Use Only – Select HVUT Documents Collected



The stamped Schedule 1 for Current taxable period, July 1, 2020 through June 30, 2021 listing:

- | | |
|--|---------------|
| <input type="checkbox"/> The VIN number of the vehicle to be registered | ALVIN Code 1 |
| <input type="checkbox"/> 22 or more taxable vehicles listed by VIN that does not include the vehicle to be registered | ALVIN Code E2 |
| <input type="checkbox"/> 10 or more taxable vehicles listed by VIN for which the tax has been suspended that does not list the VIN of the vehicle to be registered | ALVIN Code E3 |
| <input type="checkbox"/> Photocopy of the 2290 (with the Schedule 1 attached) without the stamp that was filed with the IRS along with: | ALVIN Code 1 |
| <input type="checkbox"/> A photocopy of both sides of a cancelled check; <i>or</i> | |
| <input type="checkbox"/> A copy of the confirmation from the IRS electronic funds withdrawal, <i>or</i> | |
| <input type="checkbox"/> A copy of the taxpayer's bank statement showing "IRS USA Tax Payment," or similar language | |
| <input type="checkbox"/> For the previous taxable period; July 1, 2019 through June 30, 2020; the stamped Schedule 1, listing the VIN number of the vehicle to be registered | ALVIN Code 1 |