

A. VEHICLE DESCRIPTION			H. TAX/FEEES			
MAKE OF VEHICLE NISSAN		VEHICLE IDENTIFICATION NUMBER (VIN). IF TRACING REQUIRED, TAPE SECURELY TO REVERSE SIDE OF THIS COPY 5N1AT2MV3JC786918		BODY TYPE (SDN, TK, BUS, ETC.) 4DR	MODEL YEAR 2018	PURCHASE PRICE (See Note on Reverse.) 25165.00
GROSS VEHICLE WT. RATING		FUEL TYPE: <input checked="" type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> PROpane <input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> HYBRID <input type="checkbox"/> OTHER	DIN/MECHANIC#		LESS TRADE-IN
CHECK THE APPROPRIATE BLOCK IF THE VEHICLE IS TO BE USED OR WAS FORMERLY USED AS A TAXI OR A POLICE VEHICLE (IF APPLICABLE)		I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct.		AUTHORIZED NOTARY PUBLIC OR CERTIFIED INSPECTION MECHANIC (PRINT NAME)		TAXABLE AMOUNT 25165.00
SIGN HERE						SALES TAX X 6% (.06), X 7% (.07) OR X 8% (.08) * (See Note on Reverse.) 1509.90
B. APPLICANT INFORMATION						
LAST NAME (OR FULL BUSINESS NAME) ROY, SUJAN		FIRST NAME	MIDDLE NAME	PA DL/PHOTO ID# OR BUS. ID#	DATE OF BIRTH 03/25/77	LESS TAX CREDIT N/A
CO-PURCHASER LAST NAME		FIRST NAME	MIDDLE NAME	PA DL/PHOTO ID#	DATE OF BIRTH	1. SALES TAX DUE 1509.90
STREET 376 AVON RD APT M314		DATE ACQUIRED/PURCHASED 04/30/18		COUNTY CODE 4 6		1A. EXEMPTION REASON CODE (must be a number from 1 to 26 or 0)
CITY STATE ZIP CODE DEVON PA 19333		DEALER ID NUMBER (IF APPLICABLE) 858552		REFER TO COUNTY CODES LISTING ON REVERSE SIDE OF YELLOW COPY		1B. EXEMPTION NO.
NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to his/her heirs or estate.)						1C. PTA NO.
NOTE: IF THE VEHICLE IS TO BE USED AS A DAILY RENTAL OR LEASED VEHICLE, CHECK THIS BLOCK <input type="checkbox"/> . IF BLOCK IS CHECKED, COMPLETE AND ATTACH FORM MV-1L.						2. TITLE FEE 53.00
C. MILEAGE INFORMATION						
<input type="checkbox"/> REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS		<input type="checkbox"/> IS NOT THE ACTUAL MILEAGE		ODOMETER READING		3. LIEN FEE 25.00
WARNING: FEDERAL AND STATE LAWS REQUIRE 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.		WARNING: ODOMETER DISCREPANCY		1 1 TENTHS		4. REGISTRATION OR PROCESSING FEE 37.00
D. LIEN INFORMATION						
IF NO LIEN, CHECK <input type="checkbox"/> IS THIS AN ELT? (IF YES, FIN REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO 2ND LIEN, CHECK <input type="checkbox"/> IS THIS AN ELT? (IF YES, FIN REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO				5. COUNTY FEE ♦ (See Note on Reverse.) N/A
1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER 95368038602		2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER				6. DUPLICATE REG. FEE NO. OF CARDS N/A
1ST LIENHOLDER NAME NISSAN MOTOR ACCEPTANCE CORP.		2ND LIENHOLDER NAME				7. TRANSFER FEE N/A
STREET P.O. BOX 254648		STREET				8. INCREASE FEE N/A
CITY STATE ZIP CODE SACRAMENTO CA 95865-4648		CITY STATE ZIP CODE				9. REPLACEMENT FEE
E. VEHICLE TRADED						
MAKE OF VEHICLE		VEHICLE IDENTIFICATION NUMBER (VIN)		MODEL YEAR		10. TOTAL PAID (ADD 1 THRU 9) Send One Check In This Amount 1624.90
BODY TYPE (SDN, BUS, TK, ETC.)		CONDITION OF VEHICLE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR				
F. ADDITIONAL VEHICLE INFORMATION						
PASSENGER, TAXI/BUS	<input type="checkbox"/> PASSENGER <input type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> MASS TRANSIT <input type="checkbox"/> OTHER BUS		SEATING CAPACITY			
MOTORCYCLE, MOTOR DRIVEN CYCLE, MOPED	CYLINDER CAPACITY 50CC OR LESS <input type="checkbox"/> YES <input type="checkbox"/> NO	BRAKE HORSEPOWER <input type="checkbox"/> 1.5 OR LESS <input type="checkbox"/> 1.6 TO 5.0 <input type="checkbox"/> OVER 5.0				
	OPERABLE PEDALS <input type="checkbox"/> YES <input type="checkbox"/> NO	MAX DESIGN SPEED 25 MPH OR LESS <input type="checkbox"/> YES <input type="checkbox"/> NO				
	AUTOMATIC TRANSMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO	DESIGNED/ALTERED FOR ROAD USE <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTOR HOME	CHASSIS MFR:	BODY MAKE:				
TRAILER & VEHICLES BELOW	NUMBER OF AXLES:	REQ. REGISTERED GROSS WT. (INCLUDING LOAD)				
	SUM OF GAWRS:	UNLADEN WT. (EMPTY)				
TRUCK, TRUCK TRACTOR	REQ. REGISTERED GROSS COMBINATION WT.	GROSS COMBINATION WT. RATING				
G. APPLICATION FOR REGISTRATION						
ORIGINAL PLATE - CHECK ONE		<input type="checkbox"/> TRANSFER OF PREVIOUSLY ISSUED PLATE <input type="checkbox"/> TRANSFER & RENEWAL OF PLATE		<input type="checkbox"/> TRANSFER & REPLACEMENT OF PLATE		
<input type="checkbox"/> PLATE TO BE ISSUED BY DEPARTMENT (PROOF OF INSURANCE MUST BE ATTACHED.)		PLATE NO.		REASON FOR REPLACEMENT		
<input type="checkbox"/> EXCHANGE PLATE TO BE ISSUED BY DEPARTMENT		EXPIRES Month Year		<input type="checkbox"/> LOST <input type="checkbox"/> DEFACED <input type="checkbox"/> STOLEN <input type="checkbox"/> NEVER RECEIVED (Lost in Mail)		
<input type="checkbox"/> TEMPORARY PLATE ISSUED BY FULL AGENT (Note: This plate will expire 90 days from date of issuance.)		TRANSFERRED FROM TITLE NO.		NOTE: If "NEVER RECEIVED" block is checked, applicant must complete Form MV-44.		
SIGNATURE OF PERSON FROM WHOM PLATE IS BEING TRANSFERRED (IF OTHER THAN APPLICANT)		SIGN HERE		RELATIONSHIP TO APPLICANT		
INSURANCE COMPANY NAME GEICO		NAIC NO.	POLICY NO. (OR ATTACH BINDER) 447311384	POLICY EFFECTIVE DATE 01/18/2018	POLICY EXPIRATION DATE 07/18/2018	
ISSUING AGENT INFORMATION		I CERTIFY THAT ON MONTH 04 DAY 30 YEAR 2018 I HAVE CHECKED TO DETERMINE THAT THE VEHICLE IS INSURED AND ISSUED TEMPORARY REGISTRATION TO THE ABOVE APPLICANT, IN COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF THE VEHICLE CODE AND DEPARTMENT REGULATIONS.		AGENT NO. 858552		
		ISSUING AGENT (PRINT NAME) CONICELLI NISSAN		TELEPHONE NO. (610) 825-4200		
		ISSUING AGENT SIGNATURE				
I. NOTARIZATION						
SUBSCRIBED AND SWORN TO BEFORE ME: MONTH 04 DAY 30 YEAR 2018		SIGNATURE OF PERSON ADMINISTERING OATH		I/WE CERTIFY THAT I/WE HAVE EXAMINED AND SIGNED THIS APPLICATION AFTER ITS COMPLETION. I/WE FURTHER CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND CORRECT AND MAKE APPLICATION FOR CERTIFICATE OF TITLE FOR THE VEHICLE DESCRIBED IN SECTION A. IF ANY EXEMPTION IS CLAIMED, THE PURCHASER FURTHER CERTIFIES THAT HE/SHE IS AUTHORIZED TO CLAIM THIS EXEMPTION. I/WE ACKNOWLEDGE THAT I/WE MAY LOSE MY/OUR OPERATING PRIVILEGE(S) OR VEHICLE REGISTRATION FOR FAILURE TO MAINTAIN FINANCIAL RESPONSIBILITY ON THE CURRENTLY REGISTERED VEHICLE FOR THE PERIOD OF REGISTRATION. I/WE ACKNOWLEDGE THAT I/WE MAY BE SUBJECT TO A FINE NOT EXCEEDING \$5,000 AND IMPRISONMENT OF NOT MORE THAN TWO YEARS FOR ANY FALSE STATEMENT THAT I/WE MAKE ON THIS APPLICATION.		
SIGNATURE OF PURCHASER OR AUTHORIZED SIGNER		SIGNATURE OF CO-PURCHASER/TITLE OF AUTHORIZED SIGNER		Telephone No. (484) 343-4093		
				MESSENGER NO.		