

# AUTOMOBILE REGISTRATION CHECKLIST

- 1) **Certificate:** The car must be factory new and must have a Certificate of Origin issued from the factory.
- 2) **Original Bill of Sale:** You must have the ORIGINAL bill of sale (purchase agreement) from the dealership listing your CORPORATION as the buyer of the vehicle. As well as a dealers sales slip.
- 3) **Taxes:** You should NOT pay sales tax when purchasing your vehicle from the dealer, as you will have to pay sales tax (3.25%) for that vehicle in Delaware and they do NOT give a credit for taxes paid to other states.
- 4) **Original Insurance Card:** You must have an original insurance card issued for the new car, or a letter from your agent signed in ink (no copies). The letter must include the **NAIC** code and the Vehicle Identification Number (VIN).
- 5) **Application for Title:** You must submit a State of Delaware Application for Title.
- 6) **Odometer Reading:** You must submit an odometer statement prepared and notarized by the dealership.
- 6) **Mail:** Assemble all the paperwork listed above, complete the application below and submit all to us at 227 Mariners Way, Bear DE 19701 and we will take care of the rest.

STATE OF DELAWARE  
Form No. 212



(Print or Type Everything Except Signature) APPLICATION FOR TITLE

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
*Street City State Zip Code*

Having acquired possession of the motor vehicle described below, subject to such liens or encumbrances as set forth herein, hereby makes application for a certificate of Title for said vehicle.

**DESCRIPTION OF VEHICLE**

Odometer Brand: \_\_\_\_\_ Title Brand: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_ Number of Passengers: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_  
*(Bites only)*

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Body Style: \_\_\_\_\_ Yearly Fee: \_\_\_\_\_

Registration Weight: \_\_\_\_\_ *Vehicle Identification No.*

MGVWR: \_\_\_\_\_

New or  Used Date of Purchase: \_\_\_\_\_ Tractor Trailer \_\_\_\_\_ No. of Axles: \_\_\_\_\_

Examined By: \_\_\_\_\_ *Motor Vehicle Inspector* \_\_\_\_\_ *Date*

**LIENS OR ENCUMBRANCES** CHG \_\_\_\_\_ No. \_\_\_\_\_ Tag No.: \_\_\_\_\_  
WT \_\_\_\_\_ Old \_\_\_\_\_ New \_\_\_\_\_ Mos. \_\_\_\_\_

SECURED PARTY NAME (Lienholder Name and Address) (if none, so state) \_\_\_\_\_ Special Plate No. \_\_\_\_\_

\_\_\_\_\_ Sticker No. \_\_\_\_\_

\_\_\_\_\_ No. of Months: \_\_\_\_\_

\_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ NAIC Code: \_\_\_\_\_

**I/We certify, under penalty of perjury, that all liens have been accurately stated and that the statements made herein are true and correct to the best of my/our knowledge, information and belief.**

**X** \_\_\_\_\_  
*Signature of Applicant*

**X** \_\_\_\_\_  
*Signature of Co-Applicant*

\_\_\_\_\_  
*Parents or Guardians consent if under 18 years of age*

\_\_\_\_\_  
*Official Title*

Driver License No. \_\_\_\_\_ DOB \_\_\_\_\_ Driver License No. \_\_\_\_\_ DOB \_\_\_\_\_

**TRADE-IN INFORMATION FOR DELAWARE REGISTRATION VEHICLES ONLY**

DOCUMENT FEE RECORDING FORM	
Total Price Of _____	
Less Trade-in Value _____ (DE REGISTERED VEHICLES ONLY)	
Net Cost _____	
Document Fee _____	
Registration Fee _____	
Vanity Fee _____	
Registration Fee _____	
Title Fee _____	
Misc. Fee _____	
Total Due _____	

Describe Vehicle Trade-In:	Year	Make	TITLE, TAG & REGISTRATION NO.	STATE
_____				
Selling Dealer's Name _____				
Dealer Number _____				
Address _____				
By _____				
<i>Official Title</i>				

**VALIDATION**

# Automobile Registration Agreement

I, the undersigned, have neither requested nor received legal or tax advice from CorporationsPlus, its agents, or employees. I hereby authorize the registration of the vehicle on my behalf.

I understand that the fee charged today is for the filing of the necessary paperwork to obtain automobile registration in the State of Delaware, for a tag (license plate), for tax, for a title, and for courier service (Fedex, UPS, etc.) to deliver my new tags.

\_\_\_\_\_ SIGNED

\_\_\_\_\_ PRINTED

\_\_\_\_\_ DATED

The following address is to be used for mail forwarding:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

Contact email:# \_\_\_\_\_

Contact telephone #: \_\_\_\_\_

Contact fax #: \_\_\_\_\_

---

### Optional Credit Card Information

If you would like to use a credit card, please fill out the section below. We accept Visa, MasterCard, Discover, and American Express.

I authorize the charge of \$\_\_\_\_\_ to the following credit card:

Number: \_\_\_\_\_

exp date: \_\_\_\_\_ cvc/cid number \_\_\_\_\_

credit card billing address: \_\_\_\_\_

\_\_\_\_\_  
signature: \_\_\_\_\_ date: \_\_\_\_\_

NOTE: Your credit card statement may reflect a charge to **P & P Aviation, Inc.** (our parent company).

ANOTHER NOTE: the cvc/cid number is the three number on signature line on the back of a Visa/Mastercard or the 4 numbers above the credit card number on the front of an Amex card.