

# TRANSACTION CERTIFICATE UT-510

## IOWA DEPARTMENT OF REVENUE

This certificate must be completed *by the applicant* before registration will be processed.

New Title # _____
Plate # _____
Transfer Date _____

LIEN HOLDER _____
UT# _____

**Purchaser/  
Registering Owner:** \_\_\_\_\_

**Seller/  
Previous Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

NOTE: A copy of the Bill of Sale signed by the seller and buyer may be required.

Description	Vehicle Purchased	Vehicle Traded
Make, Model & Yr.		
VIN		
Old Title #		

Purchase Price	\$ _____
Less Trade-In Allowance	\$ _____
Amount Subject to One-time Registration Fee	\$ _____

**Check the number below which exempts this transaction from Iowa's One-time Registration Fee and write the number in the UT# box at the top right of this form.**

- 1. Transfer by gift, or without consideration (please explain) \_\_\_\_\_
- 2. Purchaser/lessee is one of the following nonprofit or government organizations:
 

<input type="checkbox"/> community health center	<input type="checkbox"/> rehabilitation facility	<input type="checkbox"/> hospital licensed under 135B
<input type="checkbox"/> migrant health center	<input type="checkbox"/> legal aid organization	<input type="checkbox"/> free-standing nonprofit hospice facility
<input type="checkbox"/> nonprofit private museum	<input type="checkbox"/> nonprofit private art center	<input type="checkbox"/> procurement organization
<input type="checkbox"/> residential care facility for the mentally ill	<input type="checkbox"/> community mental health center	<input type="checkbox"/> community action center licensed under 216A.93
<input type="checkbox"/> private nonprofit educational institution	<input type="checkbox"/> government	
<input type="checkbox"/> residential care or intermediate care facility for the intellectually disabled	<input type="checkbox"/> rehabilitation facility for intellectually disabled children	
- 3. Vehicle transferred from a sole proprietorship or partnership to a corporation, LLC or vice versa, with the ownership remaining exactly the same and for the purpose of continuing the same business.  
Date of termination of prior business: \_\_\_\_\_ Date of the legal creation of new entity: \_\_\_\_\_
- 4. Purchased by a licensed dealer for resale. Dealer license #: \_\_\_\_\_
- 5. Purchased for rental. Purchaser's sales tax permit #: \_\_\_\_\_
- 6. Leased vehicle used solely in interstate commerce.
- 7. Vehicle registered and/or operated in Iowa Code Section 326 (reciprocity) with gross weight of 13 tons or more and with 25% of the mileage outside of Iowa. **Both** weight and mileage must be met for the first four years of operation to be eligible for exemption.
- 8. Other; ie.
 

<input type="checkbox"/> Mobile home	<input type="checkbox"/> Vehicle is homemade	<input type="checkbox"/> Inheritance or court order
<input type="checkbox"/> Move-In: Previously titled <b>outside</b> Iowa by nonresident moving into Iowa; provide <b>previous</b> name/address information in "Seller" column		
<input type="checkbox"/> Purchased <b>outside</b> Iowa by Iowa resident; attach copy of Bill of Sale showing at least 5% of the purchase price paid to another state		<input type="checkbox"/> Name added or dropped (circle one); provide <b>all</b> names involved
<input type="checkbox"/> Purchased <b>in</b> Iowa by nonresident; temporary, in-transit title issued		
<input type="checkbox"/> Other (please explain) _____		

*I, the undersigned, declare under penalties of perjury that I have examined this affidavit, and to the best of my knowledge and belief, it is true, correct and complete.*

Purchaser's signature: \_\_\_\_\_ Date: \_\_\_\_\_