

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF TITLE FOR A VEHICLE

KEEP IN SAFE PLACE-ANY ALTERATION OR ERASURE VOIDS THIS TITLE

THE DEPARTMENT OF MOTOR VEHICLES, COMMONWEALTH OF VIRGINIA, HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH, THAT THE APPLICANT NAMED ON THE FACE HEREON HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE, AND THAT, FROM THE STATEMENTS OF THE OWNER AND THE RECORDS ON FILE WITH THIS DEPARTMENT, THE HEREON DESCRIBED VEHICLE IS SUBJECT TO THE SECURITY INTEREST RECORDS ON FILE WITH THIS DEPARTMENT, AND AS DESCRIBED HEREON, IF ANY. THE MOTOR VEHICLE LAWS OF THIS COMMONWEALTH ALSO PROVIDE THAT ALL TITLE AND REGISTRATION INFORMATION IN THE OFFICE OF THE DEPARTMENT OF MOTOR VEHICLES IS PRIVILEGED AND ONLY SUBJECT TO DISSEMINATION TO AUTHORIZED AGENCIES, BUSINESS ORGANIZATIONS OR AGENTS, GOVERNMENTAL ENTITIES AND INDIVIDUALS UNDER THE CONDITIONS SPECIFIED BY MOTOR VEHICLE CODE SECTIONS 46.2-208, 46.2-209 AND 46.2-210.

VEHICLE IDENTIFICATION NO.				YEAR	MAKE	BODY STYLE	TITLE NO.
1DW1A5327WS161951				98	STOUGHTON	TRL	93076105
EMPTY WGT.	GROSS WGT.	AXLES	FUEL	SALES TAX PAID		ODOMETER	DATE ISSUED
14250	78000	2	N	VA EXEMPT		NOT APPLY	06/25/98
OTHER PERTINENT DATA						PRIOR TITLE NUMBER	
07299							

NAME(S) AND ADDRESS(ES) OF VEHICLE OWNER(S) **SUPPLEMENT**
TRUCK REFRIGERATION REPAIR INC
1160 LANCE ROAD
NORFOLK VA 23502-2405

ODOMETER BRAND CODE
 A— Actual
 E— Exceeds Mechanical Limits
 N— Not Actual

CONTROL NO.

E6934018
 (This is not a title number)

ADD'L
LIENS

ASSIGNMENT OF TITLE
BY OWNER

FIRST COASTAL BANK
2101 PARKS AVE
VIRGINIA BEACH VA 23451

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED.

By

[Signature]
 J.P.

TITLE

4/25/03
 DATE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED.

By

TITLE

DATE

Federal and State law requires 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. The undersigned hereby certifies that the vehicle described in this title has been transferred to the following: (printed name and address of Buyer(s))

Buyer(s) Name _____
 Street _____ City, State, Zip _____

ODOMETER READING
(No Tenths)

DATE OF SALE

SALE PRICE

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:
☐ 1. The mileage statement is in excess of its mechanical limits. ☐ 2. The odometer reading is not the actual mileage. **WARNING - ODOMETER DISCREPANCY**

Signature of Seller(s) _____ Printed Name of Seller(s) _____

Signature of Buyer(s) _____ Printed Name of Buyer(s) _____

I am aware of the above odometer certification made by the seller.

I am aware of the above odometer certification made by the seller.

Dealer's No.

Licensing Jurisdiction

REMARK: IF THIS TITLE IS TO BE USED TO COMPLETE A TRANSACTION, THE ASSIGNED PARTY MUST COMPLETELY SIGN AND PRINT NAME AND ADDRESS OF THE ASSIGNED PARTY. ANY PERSON WHO FALSELY STATES THE SALE PRICE TO ENJOY THE BENEFIT OF A LOWER SALE PRICE WILL BE SUBJECT TO A FINE AND/OR IMPRISONMENT.

TR598

LOG # _____
VSA-3(REV. 8/92)
ANY ALTERATION OR ERASURE WILL VOID THIS CERTIFICATE OF TITLE AND IT MUST THEN BE SURRENDERED TO SECURE A REPLACEMENT.
PURCHASER MUST SECURE A NEW TITLE, OR SURRENDER THIS ONE TO DMV WITHIN 30 DAYS OF SALE DATE.
APPLICATION FOR NEW CERTIFICATE OF TITLE AND REGISTRATION

RE-ASSIGNMENT OF TITLE BY DEALER	D Federal and State law requires that you state the truth in connection with the transfer of ownership. Failure to do so, providing a false statement, is a crime in fines and/or imprisonment.			
	The undersigned hereby certifies that the vehicle described in this title has been transferred to the following: (printed name and address of Buyer(s))			
	Buyer(s) Name _____		City, State, Zip _____	
	Street _____		DATE OF SALE _____ SALE PRICE _____	
	ODOMETER READING (No Tenths) _____		SALE PRICE _____	
C	I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: <input type="checkbox"/> 1. The odometer reading is in excess of its mechanical limits. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY			
	Signature of Seller(s) _____		Printed Name of Seller(s) _____	
	Signature of Buyer(s) _____		Printed Name of Buyer(s) _____	
	I am aware of the above odometer certification made by the seller.		I am aware of the above odometer certification made by the seller.	
	I am aware of the above odometer certification made by the seller.		Dealer's No. _____ Licensing Jurisdiction _____	
Lienor's Name _____ DATE OF LIEN _____				
ADDRESS _____		CITY _____	STATE _____	ZIP _____
Check the appropriate box to indicate the type of registration for which you are applying: <input type="checkbox"/> PRIVATE <input type="checkbox"/> FOR-HIRE <input type="checkbox"/> ANTIQUE <input type="checkbox"/> TRANSFER OF PLATE NO. _____ <input type="checkbox"/> RENTAL PLATE TYPE _____				
NOTE: License plates may not be transferred from one owner to another.				
INSURANCE CERTIFICATION Check only one box: <input type="checkbox"/> THIS VEHICLE IS CURRENTLY INSURED BY A POLICY ISSUED THROUGH AN INSURANCE COMPANY LICENSED TO DO BUSINESS IN VIRGINIA and the policy provides at least the minimum coverage required by law. <input type="checkbox"/> THIS VEHICLE IS NOT INSURED, therefore, I am remitting the applicable Uninsured Motor Vehicle Fee (provides NO insurance coverage). NOTE: Penalties are severe for operating or permitting the operation of an uninsured vehicle without paying the UMF fee.				
NON-RESIDENTS POWER-OF-ATTORNEY ONLY APPLYING TO NON-RESIDENTS AND CORPORATIONS NOT DOMESTICATED IN VIRGINIA THAT I/WE ACTING UNDER AND PURSUANT TO THE PROVISIONS OF SECTION 46.2-601 OF THE CODE OF VIRGINIA, AS NOW OR HEREAFTER AMENDED, HAVE MADE, CONSTITUTED AND APPOINTED AND UNDER THESE PRESENTS DO MAKE, CONSTITUTE AND APPOINT THE COMMISSIONER OF THE DEPARTMENT OF MOTOR VEHICLES OF THE COMMONWEALTH OF VIRGINIA, TO BE MY/OUR TRUE AND LEGAL AGENT AND ATTORNEY-IN-FACT UPON WHOM ALL LEGAL PROCEEDINGS AGAINST AND NOTICES TO ME/US MAY BE SERVED IN ANY ACTION OR LEGAL PROCEEDINGS BROUGHT AS THE RESULT OF THE OPERATION AND/OR USE OF ALL MOTOR VEHICLES TITLED OR LICENSED IN MY/OUR NAME IN THE COMMONWEALTH OF VIRGINIA, AND HE IS HEREBY AUTHORIZED TO ENTER AN APPEARANCE IN MY/OUR BEHALF IN ANY CASE OR PROCEEDINGS; AND I/WE HEREBY STIPULATE AND AGREE THAT ANY LAWFUL PROCESS AGAINST OR NOTICE TO ME/US WHICH IS DULY SERVED ON SAID AGENT AND ATTORNEY-IN-FACT SHALL BE OF THE SAME LEGAL FORCE AND EFFECT AS IF SERVED ON ME/US IN THE COMMONWEALTH OF VIRGINIA.				
THE UNDERSIGNED OWNER OR OWNERS OF THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE HEREBY MAKE APPLICATION FOR A CERTIFICATE OF TITLE FOR SAID VEHICLE AND FOR THAT PURPOSE STATE UNDER OATH THAT I/WE HAVE COMPARED THE IDENTIFICATION NUMBERS ON THE FACE OF THIS CERTIFICATE WITH THE IDENTIFICATION NUMBERS ON THE MOTOR VEHICLE PURCHASED AND FOUND THAT THEY AGREE IN EVERY PARTICULAR AND FURTHER CERTIFY THE VEHICLE IS SUBJECT TO THE LIENS INDICATED IN THIS SECTION AND NO OTHER. FEDERAL AND STATE REGULATIONS REQUIRE YOU TO STATE THE CURRENT ODOMETER MILEAGE UPON TRANSFER OF OWNERSHIP.				
SIGNATURE OF APPLICANT _____		DATE _____		FOR DMV USE ONLY
SOCIAL SECURITY NO. OF APPLICANT (EMPLOYER'S IDENTIFICATION NO.) _____		DATE _____		
SIGNATURE OF CO-APPLICANT _____		DATE _____		WITH LIEN
SOCIAL SECURITY NO. OF CO-APPLICANT (EMPLOYER'S IDENTIFICATION NO.) _____		DATE _____		
STREET OR R.F.D. NO. _____		DATE _____		COUNTY CLERK
CITY _____		STATE _____ ZIP _____		
VEHICLE PRINCIPALLY GARAGED IN CITY, TOWN, COUNTY OR STATE OF _____		DATE _____		DATA ENTRY
If you are an active member of military service claiming residency in the state other than Virginia, please check this box and indicate your vehicle's Virginia garage location below. <input type="checkbox"/>		DATE _____		
<input type="checkbox"/> CITY OR TOWN OF _____		<input type="checkbox"/> COUNTY OF _____		REASSOCIATION
If this application is for joint ownership, do you wish clear rights of ownership to be transferred to the surviving owner in the event of the death of either owner named on this title? Please indicate by checking <input type="checkbox"/> Yes or <input type="checkbox"/> No.		DATE _____		

PLATE NO. _____
PLATE TYPE _____
ISSUED _____
EXPIRE DATE _____
TITLE NUMBER _____
DMV USE ONLY