

TRAILER

REGISTRATION EXPIRES

TYPE LICENSE NUMBER

NOV 30 88

41

1UH9072

VEH. ID.

145X41202HL106546

MAKE

MO.

HYUND

SL

YEAR MODEL SHOWN IS BASED ON MANUFACTURER AND DEALER REPRESENTATION

BODY TYPE MODEL

CYLS.

DATE FIRST SOLD

CLASS

\*YR.

YR MODEL

TYPE VEH.

MP

VARIED

00/00/87

BP

87

41Y

0

DATE ISSUED

12/24/87

AX

WC

UNLADEN  
WEIGHT

2

H

08400

141608

TOTAL FEES

\$439

AMER PRESIDENT LINES LTD

1800 HARRISON ST

OAKLAND CA 94612

American President Lines

1. SIGNATURE(S) RELEASES INTEREST IN VEHICLE (DATE)  
UPON SALE, SELLER MUST SUBMIT NOTICE OF TRANSFER (REG. 138)

0100 5

WF

RF

LF

PEN

01

02

03

04

05

UT

TOT

0

5

RT  
CLK

T

SIGNATURE(S) RELEASES INTEREST IN VEHICLE

DATE

49037840

NOTE: Upon transfer or  
sale, seller must enter  
odometer reading here.REGISTERED  
OWNER  
THOUSANDS  
HUNDREDS  
TENS  
ONES  
LIENHOLDERS

2

IMPORTANT READ CAREFULLY: ANY CHANGE OF REGISTERED OR LEGAL OWNER MUST BE RECORDED WITH THE DEPARTMENT WITHIN 10 DAYS. THIS CERTIFICATE, THE LATEST REGISTRATION CARD AND TRANSFER FEE MUST BE PRESENTED TO THE DEPARTMENT TO RECORD THE TRANSFER OF OWNERSHIP.

<b>D E A L E R</b>	<b>DEALERS RELEASE OF ACQUIRED VEHICLE</b>			
	3.	NAME(S) OF DEALER(S) AND SIGNATURE OF PERSON SIGNING FOR DEALER(S)	DEALER NO.	RELEASE DATE
4.				
<b>N E W  R E G I S T E R E D</b>	<b>APPLICATION FOR TRANSFER OF NEW OWNER(S) (Please type or print)</b>			
	I/WE REQUEST NEW REGISTRATION AND OWNERSHIP CERTIFICATES TO BE ISSUED AS FOLLOWS			
	5. A.	TRUE NAME(S) OF NEW REGISTERED OWNER(S)		PURCHASE DATE
		LAST	FIRST	MIDDLE
	B.	AND <input type="checkbox"/> LAST <input type="checkbox"/> FIRST <input type="checkbox"/> MIDDLE		PURCHASE PRICE
		OR <input type="checkbox"/> <input type="checkbox"/>		
	6.	STREET OR P.O. BOX ADDRESS		
		CITY	STATE	ZIP CODE
		COUNTY CODE		
	7. A.	SIGNATURE(S) OF NEW REGISTERED OWNER(S)		
B.				
<b>L I E N H O L D E R</b>	8.	NAME OF NEW LIENHOLDER, FIRM OR INDIVIDUAL (LEGAL OWNER OR MORTGAGEE)		
		DO NOT ENTER NAME OF REGISTERED OWNER(S) ABOVE.		
	9.	STREET OR P.O. BOX ADDRESS		
		CITY	STATE	ZIP CODE
<b>A D D R E S S  O F N E W L E S S E E</b>	ADDRESS OF NEW LESSEE IF DIFFERENT FROM LINE 6 ABOVE (WILL NOT BE PRINTED ON CERTIFICATE OF TITLE)			
	10.	STREET OR P.O. BOX ADDRESS		CITY
			STATE	ZIP CODE