



Utah State Tax Commission

Ownership Statement

TC-569A
Rev. 1/13

Division of Motor Vehicles · PO Box 30412, Salt Lake City, UT 84130 · Telephone 801-297-7780 or 1-800-368-8824

Get forms online - tax.utah.gov

Section 1 - Vehicle Information

Year	Make	Model	Vehicle/Hull Identification Number (VIN/HIN)	Body type
License plate number	State last registered	Trailer length ft _____ in _____	Watercraft length ft _____ in _____	

Section 2 - Owner Information

Primary owner's name (last, first, middle initial, or business name)	Co-owner's name (if at different street address, check here <input type="checkbox"/> and list on back)		
Street address (primary owner)	City	State	ZIP code
Mailing address, if different from Street Address (primary owner)	City	State	ZIP code

Section 3 - Facts and Indemnification Agreement

Value of vehicle \$	Purchase price \$	Date of purchase
------------------------	----------------------	------------------

If the fair market value of the vehicle exceeds \$1,000, a surety bond may be required, not to exceed twice the fair market value of the vehicle. This value may be reassessed by the Division during the application process.

Explain why outstanding certificate of title was not obtained or why the attached certificate of title is not valid. Explain in detail how, where, and when you acquired the vehicle, who was involved, the condition of the vehicle, and any other information regarding the vehicle.

Under penalties of perjury, I declare that to the best of my knowledge and belief, this statement is true, correct, and complete. I further state that to the best of my knowledge, the vehicle is free and clear of any liens, encumbrances, lawful claims, demands of any person, and is not involved in any existing or pending litigation. I agree to indemnify the Utah State Tax Commission and all persons acting under direction of the Commission, from any and all liability and shall defend all litigation that may arise as a result of the issuance of a certificate of title in my name.

Signature of applicant X	Date
-----------------------------	------

For Office Use Only

NCIC Check

No Hit Found Hit Found Partial Hit Found

Officer/Agent name	Agency name
ID/Badge number	Date

NLETS Search

10 - State 50 - State No Record Found Record found in: _____

Officer/Agent name	Agency name
ID/Badge number	Date