

Chapter B

Application for Title and Registration, Form 226

Introduction

For title transactions, other than title replacement only or title corrections, submit an Application for Title and Registration, [Form 226](#). (See [Example](#))

Completing the Application

FRONT

Remarks section:

- **Dealers:** Write the CC displacement of motorcycles in this section. For mopeds, write the CC displacement and the speed capability. (This helps ensure the correct plates are issued for the vehicle.) If a plate is being transferred, write the vehicle description, including the VIN, of the vehicle from which the plates were removed in this section. If the transaction is being expedited, write “Dealer Expedite” in this section.
- **Manufacturers/manufacturer’s representatives:** Write “Lemon Law Buyback” in this section when the vehicle has been repurchased by the manufacturer in accordance with Oregon’s consumer warranty law.

Gray-shaded areas

- Note the MPG if available.
- **Mark the dealer transaction box if the document is being submitted by a dealer.**
- Enter your dealer number.
- **Fee boxes:** See [Chapter M](#) for fee charts.

NOTE: County registration fees are to be added to the state registration fees and the total entered in the REG/REN FEE box.

All other boxes in this area are for DMV office use only.

Line 1

- **Vehicle Identification Number (VIN):** The VIN on the vehicle must match the VIN on the application. It also must match the VIN listed on the ownership document (see exceptions in [Chapter D](#)).
- **Oregon Title #:** Complete title number if there is an existing **Oregon** title.
- **GVWR (Gross Vehicle Weight Rating) over 26,000 lbs.:** Check the appropriate box. The title fee is determined by the GVWR.

Line 2

- **Present Oregon Plate #:** Current Oregon plate number.
- **Vehicle Description:** Year, make, and body style (see [Chapter N](#)).

- **Registration Weight/Length:** List the weight or length of the vehicle if registered by weight/length.
- **Trailer over 8 ½ Feet Wide:** This indicates the RV is a Park Model RV.

Line 3

- **Farm ID # or Fleet Account #:** If applicable.
- **Equipment #:** Customer-assigned number. Seven digits maximum. Recorded for businesses only. Not for transaction tracking or other dealer purposes unless dealer is titling the vehicle in the name of their dealership.
- **Motor Power:** Check the appropriate box to indicate the type of motor power. “Hybrid” should be checked for vehicles that use electricity plus another source of power. “Plug-in Hybrid” should be checked for vehicles that can be charged by plugging in to an electrical receptacle and use gasoline power. “Natural Gas” should be checked if compressed natural gas is the motor power. If “other” is checked, write in the type of power that propels the vehicle. If powered by more than one type of motor power, write in all types used.
- **Trailer over 8,000 LBS:** Mark the appropriate box to indicate the trailer’s loaded weight. Does not apply to recreational trailers.

Line 4

- **Odometer Reading and Date of Reading:** Dealers must provide the appropriate odometer disclosure (see [Chapter H](#)). This line may only be completed by the applicant if the required odometer disclosure(s) are not present.

Line 5

- **Name of Owner:** Full legal name of registered owner or lessee (for individuals, complete as shown on ODL, ID card or instruction permit.)
- **ODL/ID/Customer # and Date of Birth:** This information enables DMV to locate the customer in the DMV database. Enter the customer number for **all** owners, including businesses. Include the date of birth for all individuals.

Line 6

- **Owner’s Residence Address:** Address must be the actual residence address of the registered owner(s) or lessee(s) listed on line 5. If the registered owner is a business, use the actual Oregon business location. If the vehicle is primarily housed or dispatched from a location different from the actual business address of the owner, you must also provide the vehicle address on line 10.
- **Mailing Address:** Complete the mailing address of registered owner(s), if it is different from the residence address listed.

Line 7

- **City, State, ZIP Code:** This must match the residence address.
- **County of Residence:** Fill in the owner’s county of residence.
- **City, State, ZIP Code:** This must match the mailing address.
- **County of Mailing:** Fill in the county of the mailing address.

Lines 8 & 9

- **Name of Joint Owner or Lessee:** Full name of the joint registered owner or lessee (for individuals, complete as shown on ODL, ID card or instruction permit).
- **ODL/ID/Customer #:** This information enables DMV to locate the customer in the DMV database. Enter the number for **all** owners, including businesses.
- **Date of Birth:** Include the date of birth for all individuals.

Line 10

- **One-Time Mailing Address:** Complete this area if the customer has a one-time mailing address for the current application only. This address will be used once as a special mailing address for the registered owner and is not retained on DMV systems.
- **Vehicle Address:** Vehicle address means the residence or business address where the vehicle is primarily housed, or from where the vehicle is primarily dispatched when different from the actual residence or business address of the owner.

Line 11

- **City, State, ZIP Code:** This must match the one-time mailing address.
- **City, State, ZIP Code:** This must match the vehicle address.
- **County of Use:** If the vehicle will be used in a county other than the county of residence, provide the name of the county of use.

Line 12

- **Survivorship:** Check the YES or NO box to indicate survivorship. If neither box is checked, no survivorship will be shown on the title.

Line 13

- **Security Interest Holder:** Required, if applicable. Enter the name (for individuals as shown on ODL, ID card or Instruction Permit).
- **ODL/ID/Customer #:** This information is needed so DMV can locate the customer in the DMV database. Enter the number for **all** owners, including businesses.
- **Date of Birth:** Include the date of birth for all individuals.

Line 14

- **Security Interest Holder Address:** Include the street/city/state/zip code. If the security interest holder is an individual, use the actual residence address of the person. If it is a business, use the actual business location.
- **Telephone Number:** The telephone number is optional, but is helpful if more information is needed.

Line 15

- **Secondary Security Interest Holder:** Required, if applicable. Enter the name (for individuals as shown on ODL, ID card or Instruction Permit).
- **ODL/ID/Customer #:** This information is needed so DMV can locate the customer

in the DMV database. Enter the number for **all** owners, including businesses.

- **Date of Birth:** Include the date of birth for all individuals.

Line 16

- **Secondary Security Interest Holder Address:** Include the street/city/state/ZIP Code. If the security interest holder is an individual, use the actual residence address of the person. If it is a business, use the actual business location.
- **Telephone Number:** The telephone number is optional, but is helpful if more information is needed.

Lines 17 & 18

- **Lessor's Name, ODL/ID #, and Date of Birth:** If applicable. Enter the name as shown on the customer file.
- **Lessor's Address:** List the lessor's address. If the lessor is an individual, use the actual residence address. If the lessor is a business, use the actual business location.
- **Telephone Number:** The telephone number is optional but is helpful if more information is needed.

Line 19

- **Insurance/Policy Number:** Complete when a renewal accompanies the title transfer and when there is no change in registered owners, such as when removing or changing the security interest holder, or when at least one registered owner is staying on the title.

Certifications: Domicile/Residency, Replacement Oregon Title.

NOTE: The check box for a replacement Oregon title can only be used when the vehicle is not subject to federal odometer requirements.

Line 20

- **Signature of Registered Owner or Lessee:** The signature of at least one registered owner or lessee is required and the date the application was signed.
- **Telephone Number:** The telephone number is optional but is helpful if more information is needed.

Line 21

- **Signature of Lessor:** If a lessee, lessor and security interest holder are listed on the application, the signature of both the lessee and lessor are required. The exception is when the lessor and security interest holder are the same. In these instances, only the lessee must sign.
- **Telephone Number:** The telephone number is optional but is helpful if more information is needed.

BACK


- **Form Information**

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- **Vehicle Certification:** if Assembled, Reconstructed, or Replica.
- **Commercial Vehicle:** Drug and Alcohol Testing Certification. Use this section if the vehicle is registered with “T” plates. The applicant must complete this certification (see [Chapter L](#)).
- **Recreational Vehicle Certification**
- **Vehicle Use Information**
- **Military Benefit Information Request**
- **Deaf or Hard of Hearing Note on Vehicle Record**
- **Specialty Plate Choice – Passenger Vehicle Only**
- **Notes:** Use this section for any additional remarks or notes.

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Example of APPLICATION FOR TITLE AND REGISTRATION, FORM 226
 Actual size 8½" x 11"
 (front)

DMV USE ONLY	 Application for Title and Registration		REMARKS:	<input type="button" value="Clear Form"/>	TITLE FEE					
	Complete all applicable areas. MAIL TO: DMV, 1905 Lana Ave NE, Salem OR 97314; or take to any DMV office.				VIN FEE					
VEHICLE INFORMATION	MPG	VIN INSPECTION: <input type="checkbox"/> DATE / INITIALS:	DEALER TRANS: <input type="checkbox"/>	DEALER #	LATE TITLE FEE					
	LEV COMPLIANT: <input type="checkbox"/> YES <input type="checkbox"/> NO				REG / REN FEE					
	1	VEHICLE IDENTIFICATION NUMBER (VIN)	OREGON TITLE #	GVWR	COUNTY FEE					
	2	PRESENT OREGON PLATE #	YEAR	MAKE	STYLE	REG WEIGHT / LENGTH	TRAILER OVER 8 1/2 FEET WIDE: <input type="checkbox"/> YES <input type="checkbox"/> NO	REPLACEMENT FEE		
	3	FARM ID #	FLEET ACCOUNT #	EQUIPMENT #	GAS <input type="checkbox"/>	DIESEL <input type="checkbox"/>	HYBRID <input type="checkbox"/>	PLUG-IN HYBRID <input type="checkbox"/>	FLEX-FUEL <input type="checkbox"/>	TRAILER OVER 8,000 LBS.: <input type="checkbox"/> YES <input type="checkbox"/> NO
4	ODOMETER: Federal and State laws require that you state the mileage when you transfer ownership on a vehicle model year 2011 or newer until that vehicle is 20 years old or older. Use this certification when required to provide the odometer disclosure but unable to provide the proper disclosure from the seller. I certify the odometer disclosure listed is true and correct and a disclosure is not available on the required form from the seller. Failure to complete an odometer disclosure or providing a false statement to meet this requirement is a Class C felony under ORS 815.430.				TOTAL FEE					
ODOMETER READING (NO TENTHS)		DATE OF READING (MM/DD/YYYY)	I certify that, to the best of my knowledge, the odometer reading is actual mileage UNLESS one of these boxes is marked: WARNING - odometer discrepancy <input type="checkbox"/> the mileage stated is in excess of its mechanical limits (has rolled over); or <input type="checkbox"/> the odometer reading is NOT actual mileage.							
OWNER or LESSEE / ADDRESS	Complete Line 5 with the owner whose address will be used for all DMV mail regarding this vehicle. List additional owners on Lines 8 and 9. This in no way determines a priority of ownership. If any owner listed uses a work address on DMV records, that owner must be shown on Line 5. See reverse for more information.									
	5	PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF (check one) <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE		DDL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)					
	6	RESIDENCE / BUSINESS ADDRESS - (Address will be used to update your ODL / ID card)		MAILING ADDRESS (if different from residence - will be used to update your ODL / ID card)						
	7	CITY, STATE, ZIP CODE	COUNTY OF RESIDENCE	CITY, STATE, ZIP CODE	COUNTY OF MAILING					
	8	JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE See "Change of Address" on reverse)		DDL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)					
	9	JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE See "Change of Address" on reverse)		DDL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)					
	10	ONE-TIME MAILING ADDRESS (Will not change your customer record)	<input type="checkbox"/> Reg. Only <input type="checkbox"/> Title Only <input type="checkbox"/> Both	VEHICLE ADDRESS (Vehicle location if different from residence, or park model RV site)						
11	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	COUNTY (of vehicle address or use)							
SECURITY INTEREST HOLDER and/or LESSOR	12	SURVIVORSHIP: Joint Owners or Lessees agree that title will show joint ownership with right of survivorship. <input type="checkbox"/> YES <input type="checkbox"/> NO Joint Security Interest Holders agree that title will show joint security interest with right of survivorship. <input type="checkbox"/> YES <input type="checkbox"/> NO								
	13	SECURITY INTEREST HOLDER (Bank, Finance Company, Person, etc.)	DDL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)						
	14	SECURITY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE		TELEPHONE # ()						
	15	SECONDARY INTEREST HOLDER (Bank, Finance Company, Person, etc.)	DDL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)						
	16	SECONDARY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE		TELEPHONE # ()						
	17	LESSOR (Complete only if lessee is shown as owner on Line 5 above)	DDL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)						
	18	LESSOR ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE		TELEPHONE # ()						
	CERTIFICATIONS	Under Oregon law, it is a crime to knowingly make any false statement on an application for title or registration (ORS 803.070, 803.075, 803.375 and 803.385). These offenses are Class A misdemeanors and punishable by a jail sentence of up to one year, a fine of up to \$6,250 or both. By signing this application, I certify all information on this form is true and correct and agree with all applicable statements below and on the back of this form.								
19		INSURANCE: I certify to one of the following: 1) If this application includes registration, and this motor vehicle is subject to financial responsibility laws, I am in compliance and will remain in compliance until the vehicle is transferred; or 2) If this application includes a registration renewal for a motor vehicle, this vehicle is covered by the motor vehicle liability insurance policy listed below.		POLICY #						
DOMICILE / RESIDENCY: My place of domicile (home) is in Oregon, or I am otherwise eligible or required to register the vehicle under Oregon law (ORS 803.200, 803.350 and 803.360).										
SIGNATURES	REPLACEMENT OREGON TITLE: <input type="checkbox"/> If this box is checked, I certify that to the best of my knowledge the Oregon title is lost, destroyed or mutilated.									
	20	SIGNATURE OF OWNER OR LESSEE AS SHOWN ABOVE	DATE	TELEPHONE # ()						
21	SIGNATURE OF LESSOR (Required if security interest holder is different than lessor)	DATE	TELEPHONE # ()							

736-228 (11-23)

STK# 30097

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Example of APPLICATION FOR TITLE AND REGISTRATION, FORM 226
Actual size 8½" x 11"
(back)

FORM INFORMATION	ASSEMBLED, RECONSTRUCTED OR REPLICA VEHICLE CERTIFICATION
<p>DMV links all records together based on your customer number. Always use your customer number and the same name with DMV.</p> <p>Individual Customer Number: Your customer number is your Oregon driver license (ODL), identification card (ID) or instruction permit number if you have one. If you do not have an Oregon customer number, one will be assigned to you.</p> <p>Business Customer Number: If you know your business customer number, list it on the application.</p> <p>One-time Mailing Address: Where you want the title and/or registration document mailed if different than residence or mailing.</p> <p>Vehicle Address: Where the vehicle is primarily housed or dispatched from if different address than the residence or business.</p> <p>Address Change: Only the address listed for the owner shown on Line 5 will be changed if it is different than DMV records. <u>DMV will update your vehicle and driver record.</u> Additional owners can change their address online at DMV2U.oregon.gov.</p> <p>Work Address: If an owner has a work/public agency address on file with DMV and wants that address to be used for the vehicle record, that person must be listed on Line 5 and the work address listed on Lines 6 and 7. If a security interest holder, they must be listed on Line 13 and the work address listed on Line 14.</p>	<p>Certify below if this is the <u>first time</u> the vehicle is being titled as assembled, reconstructed or replica (not on current title) or you are certifying to a <u>new incident</u>.</p> <p>I certify this vehicle is:</p> <p><input type="checkbox"/> Assembled</p> <ul style="list-style-type: none"> • Does not look like any certain year or make of vehicle; and • Not rebuilt by a manufacturer or built in a factory where the year and make are assigned at the factory; and • Not an antique, special interest, reconstructed or replica vehicle. <p><input type="checkbox"/> Reconstructed</p> <ul style="list-style-type: none"> • Body looks like and mostly is a certain year or make of vehicle; and • Not rebuilt by a manufacturer or built in a factory where the year and make are assigned at the factory; and • Is not a replica; or • Is a motor truck rebuilt using a component kit, if the manufacturer of the kit assigned a VIN and provided a Certificate of Origin for the kit. <p><input type="checkbox"/> Replica</p> <ul style="list-style-type: none"> • Body built to look like and be a reproduction of a particular year model and make of vehicle. • Includes vehicles built as replicas from new, reconditioned, or original parts; or reconstructed from existing vehicles or parts of vehicles, and the vehicle would otherwise meet the replica definition.
COMMERCIAL VEHICLE DRUG AND ALCOHOL TESTING CERTIFICATION	
<p>I certify: Commercial vehicle: I know the applicable federal motor carrier safety regulations and hazardous materials regulations or compatible state regulations. Registered with truck (T) plates: I have an in-house drug and alcohol testing program that meets the federal requirements; or I am a member of a consortium that provides testing that meets federal requirements; or I am exempt from the above requirements. Name of person(s) operating consortium: _____</p>	
RECREATIONAL VEHICLE CERTIFICATION	
<p>If a recreational vehicle, I certify it meets the NFPA 1192, NFPA 501C or ANSI A119.2 standard in effect at the time of manufacture.</p>	
VEHICLE USE CERTIFICATION	
<p>If this is initial registration of a tow/recovery vehicle, or initial registration, renewal, or continuation of registration by a new owner of a manufactured structure toter, farm, or charitable/non-profit vehicle, I certify the vehicle and its use qualify for special registration and conform to the law.</p>	
MILITARY BENEFIT INFORMATION REQUEST	
<p>I am a member or veteran of a uniformed service and want DMV to send my name and address to the Oregon Department of Veterans' Affairs so I can get benefit information. Name(s): _____</p>	
DEAF OR HARD OF HEARING NOTE ON VEHICLE RECORD	
<p><input type="checkbox"/> Add a Deaf/Hard of Hearing note to my registration card, to show that someone driving my vehicle may be deaf or hard of hearing.</p>	
SPECIALTY PLATE CHOICE – PASSENGER VEHICLES ONLY	
<p>Mark the box for the type of special plate you want. <input type="checkbox"/> Crater Lake <input type="checkbox"/> Cultural <input type="checkbox"/> Gray Whale <input type="checkbox"/> Pollinator Paradise</p> <p><input type="checkbox"/> Salmon <input type="checkbox"/> Smokey Bear <input type="checkbox"/> Trail Blazer <input type="checkbox"/> UO Duck <input type="checkbox"/> Wildlife <input type="checkbox"/> Wine Country</p>	
NOTES	
<p>_____</p> <p>_____</p> <p>_____</p>	

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