



Virginia Department of Motor Vehicles  
Post Office Box 27412  
Richmond, Virginia 23269-0001  
www.dmv.virginia.gov

## APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION

VSA 17A (07/01/2024)

**PURPOSE:** Use this form to apply for a title and/or to register a passenger vehicle, motorcycle, truck, motor home (RV), or trailer.  
**INSTRUCTIONS:** Complete this form and return to any DMV customer service center (CSC). DMV may request proof of any information provided.

LOG NUMBER

| OWNER INFORMATION                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                           |                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION TYPE: <input type="checkbox"/> Title                                                                                                                                                                                  |  | Electronic Title Option -- I want DMV to maintain an electronic certificate of title on file for this vehicle. (No paper title will be issued) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                        |                                                                                                                                       |
| Check one: <input checked="" type="checkbox"/> Title and Registration (license plates issued)                                                                                                                                     |  |                                                                                                                                                                                                                                                           |                                                                                                                                       |
| Check <input checked="" type="checkbox"/> Vehicle is owned by individual(s).<br>one: <input type="checkbox"/> Vehicle is business owned.                                                                                          |  | 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 the owner or co-owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                                                                                                                       |
| OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)<br>Ferraro, Tobias N.                                                                                                                      |  | TELEPHONE NUMBER<br>(540) 555-0119                                                                                                                                                                                                                        | DMV CUSTOMER NUMBER / FEIN / SSN<br>A48277130                                                                                         |
| CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)                                                                                                                                                                              |  | TELEPHONE NUMBER                                                                                                                                                                                                                                          | DMV CUSTOMER NUMBER / FEIN / SSN                                                                                                      |
| <b>NOTE:</b> Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated. |  |                                                                                                                                                                                                                                                           | RESIDENCE/BUSINESS JURISDICTION<br>City of Roanoke                                                                                    |
| OWNER'S STREET ADDRESS (Apt # if applicable)<br>3809 Tinsley Row                                                                                                                                                                  |  | CITY<br>Roanoke                                                                                                                                                                                                                                           | STATE<br>VA                                                                                                                           |
| OWNER'S MAILING ADDRESS (if different from above)                                                                                                                                                                                 |  | CITY                                                                                                                                                                                                                                                      | STATE                                                                                                                                 |
| CO-OWNER'S STREET ADDRESS (Apt # if applicable)                                                                                                                                                                                   |  | CITY                                                                                                                                                                                                                                                      | STATE                                                                                                                                 |
| CO-OWNER'S MAILING ADDRESS (if different from above)                                                                                                                                                                              |  | CITY                                                                                                                                                                                                                                                      | STATE                                                                                                                                 |
| LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED<br><input checked="" type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF Roanoke                                                                |  |                                                                                                                                                                                                                                                           | Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.                                                                                                       |  |                                                                                                                                                                                                                                                           |                                                                                                                                       |
| REGISTRATION MAILING ADDRESS - OPTIONAL                                                                                                                                                                                           |  | CITY                                                                                                                                                                                                                                                      | STATE                                                                                                                                 |

3

| VEHICLE INFORMATION                                                                                                         |                                             |               |                                                  |                                                                                                  |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| YEAR<br>2015                                                                                                                | MAKE<br>Honda                               | MODEL<br>CR-V | BODY TYPE<br>SW                                  | VEHICLE IDENTIFICATION NUMBER (VIN)<br>5J6RM4H7XFL084219                                         | NUMBER OF AXLES<br>2                                                                           |
| EMPTY WEIGHT<br>3,512                                                                                                       | GVWR (single vehicle weight - manufacturer) |               | GROSS WEIGHT (combined truck + attached trailer) |                                                                                                  | GCWR (combined weight: truck + attached trailer)<br>73104582                                   |
| FUEL TYPE<br><input checked="" type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER         | OTHER FUEL TYPE                             |               | VEHICLE COLOR<br>Blue                            | IS THIS A LOW SPEED VEHICLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | IS THIS A LOGGING VEHICLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| IS VEHICLE STATE OR LOCALITY-OWNED? <input type="checkbox"/> YES - enter agency code <input checked="" type="checkbox"/> NO |                                             | DIVISION CODE |                                                  | PREVIOUS TITLE NUMBER                                                                            | STATE<br>VA                                                                                    |

TITLE NUMBER

| LIEN INFORMATION                                                                                                                                                 |                 |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| IS THERE A LIEN ON THIS VEHICLE? <input type="checkbox"/> YES - YOU MUST COMPLETE THIS SECTION <input checked="" type="checkbox"/> NO - SKIP TO THE NEXT SECTION |                 |                 |
| DATE OF FIRST LIEN (mm/dd/yyyy)                                                                                                                                  | LIENHOLDER NAME | LIENHOLDER CODE |
| LIENHOLDER MAILING ADDRESS                                                                                                                                       |                 | CITY            |
|                                                                                                                                                                  |                 | STATE           |
|                                                                                                                                                                  |                 | ZIP CODE        |
| For additional liens, complete VSA 66 and attach to this form.                                                                                                   |                 |                 |

| SOURCE OF OWNERSHIP INFORMATION                                                                                                                           |                |                                          |                                            |               |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|--------------------------------------------|---------------|-----------------------------------------------|
| HOW WAS THIS VEHICLE SOLD TO YOU? (check one) <input checked="" type="checkbox"/> USED <input type="checkbox"/> NEW <input type="checkbox"/> DEMONSTRATOR |                | PURCHASE DATE (mm/dd/yyyy)<br>08/11/2026 |                                            | RENTOR NUMBER | VA DEALER LICENSE NUMBER                      |
| SALES PRICE<br>\$14,750.00                                                                                                                                | PROCESSING FEE | SALES AND USE TAX<br>\$612.13            | VEHICLE PURCHASED FROM<br>Corinne T. Ashby |               | DEALERS ONLY<br>MANUFACTURER REBATE/INCENTIVE |
| STREET ADDRESS<br>1146 Fontaine Ridge Ct                                                                                                                  |                |                                          | CITY<br>Charlottesville                    |               | STATE<br>VA                                   |
|                                                                                                                                                           |                |                                          |                                            |               | ZIP CODE<br>22903                             |

| LEASE INFORMATION (if applicable)                  |  |                  |                                  |
|----------------------------------------------------|--|------------------|----------------------------------|
| LESSEE'S FULL LEGAL NAME (last, first, mi, suffix) |  | TELEPHONE NUMBER | DMV CUSTOMER NUMBER / FEIN / SSN |
| LESSEE'S RESIDENCE/BUSINESS ADDRESS                |  | CITY             | STATE                            |
|                                                    |  |                  | ZIP CODE                         |

| ODOMETER STATEMENT                                                                                                                                           |                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ODOMETER READING (no tenths)<br>96318                                                                                                                        | Federal and state laws require that you state the mileage in connection with the transfer of ownership. Failure to complete the statement or providing a false statement may result in fines and/or imprisonment. |
| I certify to the best of my knowledge that: (check one) <input checked="" type="checkbox"/> The odometer reading above is the ACTUAL MILEAGE of the vehicle. |                                                                                                                                                                                                                   |
| <input type="checkbox"/> The odometer reading above is NOT the ACTUAL MILEAGE. (Odometer discrepancy.)                                                       |                                                                                                                                                                                                                   |
| <input type="checkbox"/> The odometer reading above is IN EXCESS of its mechanical limits.                                                                   |                                                                                                                                                                                                                   |
| <input type="checkbox"/> Vehicle was exempt from disclosure in prior state of title (applicant must present out-of-state title showing exemption)            |                                                                                                                                                                                                                   |

### PERSONAL PROPERTY TAX RELIEF ELIGIBILITY

1. Answer the questions below to determine if your vehicle qualifies for car tax relief.
 

|                                                                                                                                              |                          |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| a. Is more than 50% of the vehicle's annual mileage used as a business expense for federal income tax purposes OR reimbursed by an employer? | YES                      | NO                                  |
| b. Is more than 50% of the depreciation associated with the vehicle deducted as a business expense for federal income tax purposes?          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Is the cost of the vehicle expensed pursuant to Section 179 of the Internal Revenue Service Code?                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. If the vehicle is leased by an individual, does the leasing company pay the tax without reimbursement from the individual?                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
2. If you answered YES to ANY of the above questions, check Business Use. Your vehicle is considered by State law to have a business use and does NOT qualify for Personal Property Tax Relief. ☐ BUSINESS USE
3. If you answered NO to ALL of the above questions, check Personal Use and answer the question below.
 

☒ PERSONAL USE -- Is this vehicle held in a private trust for non-business purposes by an individual beneficiary?
☐ YES ☒ NO

### INSURANCE CERTIFICATION

- ☒ I/We certify that this vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. Penalties are severe for violation of this requirement.
- NAME OF INSURANCE COMPANY  
*Blue Ridge Casualty & Surety*

### REGISTRATION INFORMATION

**NOTE:** Virginia offers more than 200 unique plates for our customers. Please visit <https://www.dmv.virginia.gov/> for a listing of special plates available. Not all plates are available for all vehicle types and some special plates require a certification form. Review our website for additional information.

REGISTRATION PERIOD (check one): ☒ ONE YEAR ☐ TWO YEARS (\$2 discount) ☐ THREE YEARS (\$3 discount - not for emissions area) ☐ TRANSFER

REGISTRATION TYPE (check one): ☒ PRIVATE ☐ RENTAL ☐ FOR HIRE (complete For Hire Information below)

☐ Trailer Permanent - (one time fee) select size: ☐ Regular size plate ☐ Small size plate (trailer gross weight must be 4,000 lbs or less)

### REGISTRATION RECORD INDICATOR

- ☐ Special Communication Needs Indicator - For ☐ myself or ☐ a person who regularly occupies this vehicle, I request a DMV record indicator for a disability that can impair communication. The adult occupant, parent, legal guardian of an individual who regularly occupies the vehicle who has a communication impairment authorizes and consents to the release of their communication impairment information to employees and agents of criminal justice agencies as defined in Virginia Code § 9.1-101.

### FOR HIRE INFORMATION

Check to indicate how the vehicle being registered will be used (check all that apply). If the vehicle will be used in **property carrier operations**, and those operations exclusively use passenger cars, motorcycles, autocycles, mopeds, or vehicles with a gross vehicle weight rating (GVWR) of 10,000 pounds or less, then registration for hire is not required.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PASSENGER CARRIER OPERATIONS</b><br><input type="checkbox"/> Common Carrier - Regular Route <input type="checkbox"/> Employee Hauler <input type="checkbox"/> Sight-seeing Carrier<br><input type="checkbox"/> Common Carrier - Irregular Route <input type="checkbox"/> Contract Passenger Carrier <input type="checkbox"/> Non-Emergency Medical Transport<br><input type="checkbox"/> Nonprofit/Tax-Exempt <input type="checkbox"/> Taxicab <input type="checkbox"/> Exempt Operations - Passengers * | <b>PROPERTY CARRIER OPERATIONS</b><br><input type="checkbox"/> Property Carrier *<br><input type="checkbox"/> Household Goods Carrier *<br><input type="checkbox"/> Exempt Operations - Property * |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\* You must also complete the For-Hire Vehicles Registration Request (MCS115)

Do you hold a valid intrastate operating authority certificate/permit? ☐ YES ☐ NO

If no, and you are a passenger carrier you must also complete the For-Hire Vehicles Registration Request (MCS115).

### NOTICE

**PRIVACY NOTICE:** The information, including Social Security Number, is requested in accordance with Virginia Code §§46.2-623 and 46.2-629. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. By signing this form, you authorize DMV's exchange of title and registration records with business, law enforcement, or government entities and you authorize DMV's exchange of title and registration records in accordance with Va. Code §§46.2-208 through 46.2-214 and 18 U.S.C. 2721.

**POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA:** Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.

### CERTIFICATION

I/We certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

|                                                    |                                                 |                                        |
|----------------------------------------------------|-------------------------------------------------|----------------------------------------|
| APPLICANT NAME (print)<br><i>Tobias N. Ferraro</i> | SIGNATURE OF APPLICANT<br><i>Tobias Ferraro</i> | DATE (mm/dd/yyyy)<br><i>08/11/2026</i> |
| CO-APPLICANT NAME (print)                          | SIGNATURE OF CO-APPLICANT                       | DATE (mm/dd/yyyy)                      |

### DMV USE ONLY

|                                                        |                     |                                                                     |            |
|--------------------------------------------------------|---------------------|---------------------------------------------------------------------|------------|
| PROOF OF ADDRESS (specify proof document(s) presented) |                     | WITH LIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | UMV FEE \$ |
| SALES PRICE \$                                         | TITLE FEE \$        | IF HELD, REASON:                                                    | CSR STAMP  |
| PROCESSING FEE \$                                      | TRANSFER FEE \$     |                                                                     |            |
| SALES & USE TAX \$                                     | REGISTRATION FEE \$ |                                                                     |            |
|                                                        |                     | TOTAL \$                                                            |            |

# How to fill out VSA 17A — Application for Certificate of Title and Registration

sellmycarhub.com

</forms/virginia/vsa17a-application-for-certificate-of-title-and-registration/>

Virginia · written against VSA 17A (07/01/2024), issued under Va. Code 46.2-621 and 46.2-623

The sheet the buyer takes to the counter with your certificate. It applies for the new title, registers the car and works out the sales and use tax on one two-sided form - and there is no seller signature anywhere on it, because Virginia already got yours on the front of the title. What the seller does have to care about is the half of it copied straight off the certificate: the odometer figure, the price and the date, all three of which have to agree with what you wrote in Section A.

**This sheet is not the form.** Download the blank VSA 17A from the Virginia Department of Motor Vehicles at <https://www.dmv.virginia.gov/sites/default/files/forms/vsa17a.pdf> — always take the current revision from the agency rather than a copy. Print this and keep it beside you while you complete theirs.

## Every line, in the order you meet it

|    |       |                                          |                                                                                                                                                                                                                                                                                                                |
|----|-------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | BUYER | <b>Owner information</b>                 | Full legal name in last, first, middle, suffix order, telephone, and the DMV customer number from the buyer's own licence. <b>Watch out:</b> The name has to match the licence, not the way it was written in the advert. A middle initial where the credential shows a full middle name is enough to stop it. |
| 2  | BUYER | <b>The street address</b>                | A residence address, in Virginia, with the mailing rows underneath left empty if they are the same. <b>Watch out:</b> The bold note is the only thing on the form set in that weight: the address can not be a P.O. Box.                                                                                       |
| 3  | BUYER | <b>Where the vehicle is garaged</b>      | A tick for city, county or town, and the name of the locality where the car will actually live. <b>Watch out:</b> This is what the local commissioner of the revenue bills against. Getting it wrong is a tax problem rather than a DMV one, which makes it the error nobody notices for a year.               |
| 4  | BUYER | <b>Vehicle information</b>               | Year, make, model, body type, VIN and axles, taken off the certificate rather than off the car. <b>Watch out:</b> Compare them anyway. A VIN that reads differently on the dash plate and the title is the one discrepancy that has to be resolved before anything else happens.                               |
| 5  | BUYER | <b>Lien information</b>                  | No lien means ticking the no box and moving on. A lien needs the date, the lienholder's name and their DMV lienholder code. <b>Watch out:</b> A second lender does not fit here. The line under the block says so: for additional liens, complete VSA 66 and attach to this form.                              |
| 6  | BUYER | <b>Source of ownership</b>               | Used, the purchase date, and the seller's name and address exactly as they appear in Section A of the certificate. <b>Watch out:</b> The purchase date here and the date of sale on the title are the same date. They are read together, and a difference is a question rather than a rejection.               |
| 7  | BUYER | <b>Sales price and sales and use tax</b> | The price paid, then the tax calculated on it at the rate DMV publishes, with the processing fee box left empty on a private sale. <b>Watch out:</b> Processing fee is a dealer's charge. A private seller has none, and a figure in that box on a private sale invites a query.                               |
| 8  | BUYER | <b>The odometer statement</b>            | The same whole-mile reading the seller wrote in Section A, with the actual mileage box ticked. <b>Watch out:</b> One tick only. The four statements are alternatives and the form is refused if two are marked.                                                                                                |
| 9  | BUYER | <b>Personal property tax relief</b>      | Four business-use questions, then personal use or business use, on the second page. <b>Watch out:</b> Answering all four no and then failing to tick personal use is the commonest incomplete on this page - the questions and the declaration are separate answers.                                           |
| 10 | BUYER | <b>Insurance certification</b>           | One tick and the insurer's name, certifying the car is covered by a policy from a company licensed in Virginia and will stay covered while registered. <b>Watch out:</b> The wording is whether or not it is operated. A car sitting on a driveway with plates on it is still expected to be insured.          |
| 11 | BUYER | <b>Certification</b>                     | The buyer prints, signs and dates. A co-applicant signs underneath if the title is going into two names. <b>Watch out:</b> No notary, no witness. It is an affirmation under penalty of perjury and the form says a false statement on it is a criminal violation.                                             |

### What gets this one rejected

- A mileage figure that disagrees with Section A on the certificate. The two are read side by side, and DMV keeps the last reading it recorded printed on the face of the title.
- A P.O. box on its own in the owner's street address. The note is printed in bold on the form and the application says the address can not be a P.O. Box.
- A blank sales price where the seller left the price line on the certificate empty as well - the buyer then needs a price certification or a bill of sale before this form means anything.
- Ticking more than one odometer certification. They are alternatives, and a form arriving with both actual mileage and an odometer discrepancy checked is going nowhere.
- Using the exempt-in-prior-state box for an old Virginia car. It only works with an out-of-state title in hand showing the exemption, and the form says so on the line itself.
- Sending it in without a certificate. This applies for a title; it does not create ownership, and Va. Code 46.2-617 makes selling without one a criminal offence in the first place.

☐ Amber is what you write    ☐ Grey is a block somebody else completes    The filled-in example is at the start of this sheet.

Read off VSA 17A (07/01/2024) and the Virginia Department of Motor Vehicles's own pages, current as of 2026-08-23. Plain-language help with a form, not legal advice — where this and the agency differ, the agency governs.

[sellmycarhub.com](https://sellmycarhub.com)