ANN H. THOMAS
Commissioner of the Revenue
COUNTY OF YORK, VIRGINIA

VEHICLE REGISTRATION APPLICATION/TANGIBLE PERSONAL PROPERTY

Complete the below information for each vehicle (car, truck, van, motorcycle, RV, camping trailer, boat trailer, and any other type of trailer) in order that your personal property tax liability, if any, can be determined, regardless if the vehicle is inoperable. Complete additional Registrations for more than one vehicle. This information will be confirmed with the Virginia Department of Motor Vehicles (DMV). If additional information is needed, you may be notified by e-mail.

Application may be mailed or submitted through the document portal (see page 2)

*Required Fields-registration cannot be accepted unless these areas are complete

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TAXPAYER INFORMATION:

OWNER 1:
*Last Name: _____ *First Name: _____ Middle Initial: _____ Suffix: _____

OWNER 2:
 Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

*Mailing Address: _____ *City: _____ *State: _____ *Zip: _____

*Street Address: _____ *City: _____ *State: _____ *Zip: _____

VEHICLE INFORMATION:

*Type of vehicle:

*Year: _____ *Make: _____ *Model: _____ Title Number: _____

*Vehicle Identification Number (VIN): _____ License Plate #: _____

*Purchase Date: _____ *Purchase Price: _____ Empty Wt: _____ *Gross Wt: _____

If Motorcycle: Engine Size (enter CC's/Cylinders): _____

If RV or camping trailer, Length: _____ Sleeping capacity: _____ If boat or other trailer, Length: _____

Date Vehicle Moved Into York County (If not same as purchase date): _____

Locality/State Vehicle Moved From: _____ Effective Date: _____

*Is this vehicle used more than 50% for business? ▪ **Yes** ▪ **No**

*Do you deduct the depreciation of this vehicle on your Federal Income Tax Return? ▪ **Yes** ▪ **No**

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ACTIVE DUTY MILITARY INFORMATION:

IMPORTANT: Exemption DOES NOT apply if property is owned jointly with dependent(s), other co-owner(s), or if property IS NOT in York County pursuant to Military Orders.

Documentation requested in "red" may be submitted by mail or through the document portal

*Is a registered owner of this vehicle active duty military?

Owner 1: ▪ **Yes (a copy of your current Leave & Earnings Statement (LES) is required)** ▪ **No**
Owner 2: ▪ **Yes (a copy of your current Leave & Earnings Statement (LES) is required)** ▪ **No**

If jointly registered with a legal spouse that is not active duty military, complete the following:

Legal Spouse's Name: _____ (a copy of the front and back of spouse's military ID required)

Spouse's Legal State of Residence or Domicile: _____ (Example: driver's license, property tax bill or current voter registration card from the domicile state)

*Does Spouse reside in York County, VA ONLY pursuant to military orders of above listed active duty non-resident spouse?

▪ **Yes** ▪ **No**

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*Daytime Phone Number: _____ *Email Address: _____

Declaration: I (we) declare that the statements and figures above are true, full and correct to the best of my (our) knowledge and belief. This registration cannot be accepted unless you initial or sign below.

(If submitting by the DOCUMENT PORTAL, this form must be initialed, which will be the equivalent of your signature)

*Owner 1 Initials: _____ Owner 2 Initials (If co-owned): _____ *Date: _____

(If submitting by MAIL, this form must be signed)

Owner 1 Signature: _____ Owner 2 Signature: _____

(It is recommended that you PRINT and/or SAVE a copy for your records)

To submit this form through the document portal, please save your document then click here.