



OCVRP Sample Supporting Documents

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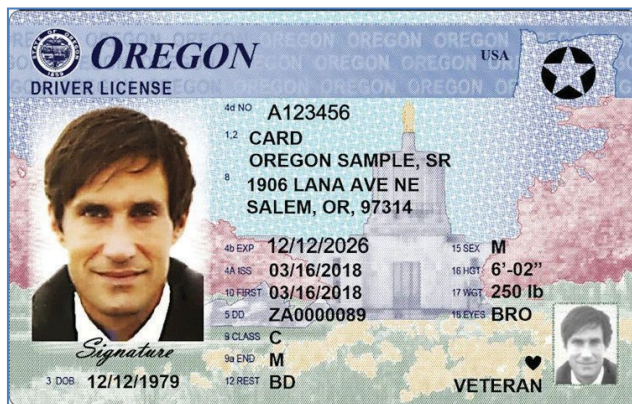
Oregon Driver's License

- ✓ The name on your driver's license must match the name on the application form.
- ✓ The address on your driver's license does not need to match the address on your application form.
- ✓ Your driver's license must be current at the time of application (not expired).
- ✓ Please submit a complete, clear, and legible scan/photo of your driver's license with all details visible.

Samples:



The back of your driver's license does not need to be submitted:



Proof of Registration


- ✓ Satisfactory proof of vehicle registration includes temporary or permanent registration.
- ✓ Your registration must be current at the time of application (not expired).
- ✓ Please submit a complete, clear and legible scan/photo of your proof of registration with all sections visible.

Please see samples of acceptable registrations on the following pages.

Note: DMV Notice of Transaction Submitted and Secure Odometer Disclosure/Reassignment Forms are not acceptable proof of registration documents. Samples of unacceptable registrations are on the following pages.

Sample 1 - Permanent Registration (Registration Card)

OREGON			PASSENGER REGISTRATION			
PLATE NUMBER	STICKER NUMBER	TITLE NUMBER	ISSUE DATE	EXPIRATION DATE	EQUIPMENT NUMBER	
YEAR	MAKE	STYLE	MODEL	FUEL TYPE	VEHICLE IDENTIFICATION NUMBER	WEIGHT/LENGTH
TITLE BRANDS			- NONE -		ODOMETER READING	ODOMETER DATE
OWNER/LESSEE						
					ODOMETER MESSAGE	
RESIDENCE ADDRESS			COUNTY OF RESIDENCE		COUNTY OF USE	
			WASHINGTON			



Sample 2 - Application for Title and Registration

DMV USE ONLY		Application for Title and Registration		REMARKS:		TITLE FEE	
						REG / REN FEE	
						VIN FEE	
Complete all applicable blocks. MAIL TO: DMV, 1905 Lana Ave NE, Salem OR 97314; or take to any DMV office.							
MPG		VIN INSPECTION: <input type="checkbox"/> DATE / INITIALS: <input type="checkbox"/>		DEALER TRANS: <input type="checkbox"/>		DEALER #	
		LEV COMPLIANT: <input type="checkbox"/> YES <input type="checkbox"/> NO				LATE TITLE FEE	
1		VEHICLE IDENTIFICATION NUMBER (VIN)		OREGON TITLE #		GWR	
2		PRESENT OREGON PLATE #		YEAR		MAKE	
3		FARM ID #		FLEET ACCOUNT #		EQUIPMENT #	
				<input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> HYBRID <input type="checkbox"/> PLUG-IN HYBRID <input type="checkbox"/> FLEX-FUEL		TRAILER OVER 8 1/2 FEET WIDE <input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> ELECTRIC <input type="checkbox"/> PROPANE <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER:		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 9 years old or newer. Failure to complete an odometer disclosure or providing a false statement to meet this requirement is a Class C felony under ORS 815.430. 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. Providing an odometer reading for a vehicle 10 years old or older is voluntary.					
		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: <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. WARNING - odometer discrepancy.	
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		ODL / 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	
8		JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)		ODL / 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)		ODL / 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)	
CURRENT OR PREVIOUS MILITARY SERVICE: I, (print name) _____, authorize DMV to send my name and address to the Oregon Department of Veterans Affairs (ODVA) for the purpose of receiving benefit information. (Signature) X							
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							
14		SECURITY INTEREST HOLDER (Bank, Finance Company, Person, etc.)		ODL / ID / CUSTOMER #		DATE OF BIRTH (MM/DD/YYYY)	
15		SECURITY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE				TELEPHONE # ()	
16		SECONDARY INTEREST HOLDER (Bank, Finance Company, Person, etc.)		ODL / ID / CUSTOMER #		DATE OF BIRTH (MM/DD/YYYY)	
17		SECONDARY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE				TELEPHONE # ()	
18		LESSOR (Complete only if lessee is shown as owner on Line 5 above)		ODL / ID / CUSTOMER #		DATE OF BIRTH (MM/DD/YYYY)	
19		LESSOR ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE				TELEPHONE # ()	
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.							
20		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.		INSURANCE COMPANY (Not agent)		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).							
VEHICLE USE: If this is initial registration of a lawfully recovered vehicle, or initial registration, renewal, or continuation of registration by a new owner of a manufactured structure (boat, farm, or charitable/non-profit vehicle), I certify the vehicle and its use qualify for special registration and conform to the law. If this is a park model RV, it is not permanently affixed to land for use as a permanent dwelling or is located within a mobile home park.							
21		SIGNATURE OF OWNER OR LESSEE AS SHOWN ABOVE		DATE		TELEPHONE # ()	
22		SIGNATURE OF LESSOR (Required if security interest holder is different than lessor)		DATE		TELEPHONE # ()	

735-226 (7-29)

STK# 300097

Sample 3 – Permanent Registration Card in Process (Temporary Registration)



Permanent Registration Card in Process

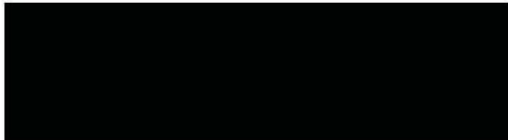
Law Enforcement: For information on this vehicle please call DMV customer assistance 503-945-5400 and reference transaction ID : [REDACTED]

PLATE: [REDACTED] STICKER #: [REDACTED] EXPIRES: [REDACTED] COUNTER NUM:

YEAR: [REDACTED] MAKE: [REDACTED] VIN: [REDACTED] SUBMISSION DATE: [REDACTED]

NAME AND ADDRESS OF REGISTERED OWNER:

STICKER ONLY: N




DEPT. OF TRANSPORTATION
DMV SERVICES
SALEM OREGON 97314


**WE ARE PREPARING YOUR PERMANENT REGISTRATION CARD, WHICH WILL BE MAILED IN 6 TO 8 WEEKS.
RETAIN THIS NOTICE UNTIL YOU RECEIVE THE NEW REGISTRATION CARD**

FOLD HERE

Not Acceptable - DMV Notice of Transaction Submitted

 Notice of Transaction Submitted <small>DRIVER AND MOTOR VEHICLE SERVICES 1900 LANA AVE NE, SALEM OREGON 97314</small>										REMARKS:		BATCH CODE
PLATE CODE	TRANS CODE	VT	TI	ORG	MP	PROCESS 5	EX	MISC	TITLE BRAND	TITLE FEE [REDACTED]		
PERMIT #	MEMORANDUM RECEIPT #	VIN INSPECTION: <input type="checkbox"/>		DATE / INITIALS:		DEALER TRANS: <input checked="" type="checkbox"/>		PRE CHECKER		REG / REN FEE		
NEW PLATE #		STICKER #		VEHICLE IDENTIFICATION NUMBER		OREGON TITLE #				VIN FEE		
PRESENT OREGON PLATE #		EXPIRATION DATE		MAKE		WEIGHT / LENGTH		GVWR OVER 26,000 LBS. <input type="checkbox"/>		LATE TITLE FEE		
FARM ID #		FLEET ACCOUNT #		EQUIPMENT #		<input type="checkbox"/> GAS <input checked="" type="checkbox"/> ELECTRIC		<input type="checkbox"/> HYBRID <input type="checkbox"/> FLEX-FUEL <input type="checkbox"/> OTHER:		TRAILER OVER 8,000 LBS. <input type="checkbox"/>		REPLACEMENT FEE
ODOMETER: Federal and State laws require that you state the mileage when you register a vehicle 9 years old or newer. Failure to complete an odometer disclosure or providing a false statement to meet this requirement is a Class C felony under ORS 815.430. Use this form 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 required from the seller. Providing an odometer reading for a vehicle 10 years old or older is voluntary.												
ODOMETER READING (NO TENTHS)		DATE OF READING		To the best of my knowledge, the odometer reading is actual <input type="checkbox"/> is in excess of its mechanical limits (has rolled over); or <input type="checkbox"/> is NOT actual mileage. WARNING - odometer discrepancy.								
Complete Line 5 with the owner whose address will be used for all DMV correspondence. If the owner listed uses a work address on DMV records, that owner must be shown on the reverse for more information. (This in no way determines a priority of ownership.) If any owner												
PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF (check one)		OR		LESSEE		DATE OF BIRTH (MM-DD-YYYY)						
RESIDENCE / BUSINESS ADDRESS - (Address will be used to update your ODL / ID card)		MAILING ADDRESS - (Address different from residence - will be used to update your ODL / ID card)										
CITY, STATE, ZIP CODE		COUNTY OF RESIDENCE		CITY, STATE, ZIP CODE		COUNTY OF MAILING						
JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)												
JOINT OWNER OR LESSEE - PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (See "Change of Address" on reverse)		ODL / ID / CUSTOMER #		DATE OF BIRTH (MM-DD-YYYY)								
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 - (Location of vehicle if different from residence)								
CITY, STATE, ZIP CODE				CITY, STATE, ZIP CODE		COUNTY (of vehicle address or use)						

Not Acceptable – Secure Odometer Disclosure/Reassignment Form

 State of Oregon SECURE ODOMETER DISCLOSURE/REASSIGNMENT FOR USE IN THE STATE OF OREGON		R XXXXXXXX			
PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	STYLE	MODEL
FIRST ASSIGNMENT OF TITLE	I certify the vehicle described above has been transferred to the following (signature certifies to odometer disclosure and releases interest in the vehicle):				
	BUYER'S PRINTED NAME			DATE OF SALE OR TRANSFER	
	BUYER'S ADDRESS				
	ODOMETER READING (NO TENTHS)	I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle UNLESS one of the following statements is checked:		<input type="checkbox"/> The mileage stated is in EXCESS of its mechanical limits. <input type="checkbox"/> The odometer reading is NOT the actual mileage. WARNING - ODOMETER DISCREPANCY	
	SELLER'S PRINTED NAME		SIGNATURE		
	SELLER'S PRINTED NAME (IF BUSINESS, PERSON SIGNING FOR BUSINESS)		SIGNATURE		
	SELLER'S ADDRESS (IF DIFFERENT FROM FRONT OF TITLE)		DEALER/WRECKER NUMBER	TELEPHONE NUMBER	
	I am aware of the above odometer disclosure made by the seller/agent.				
	BUYER'S PRINTED NAME			SIGNATURE	
	SECOND ASSIGNMENT OF TITLE	I certify the vehicle described above has been transferred to the following (signature certifies to odometer disclosure and releases interest in the vehicle):			
BUYER'S PRINTED NAME			DATE OF SALE OR TRANSFER		
BUYER'S ADDRESS					
ODOMETER READING (NO TENTHS)		I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle UNLESS one of the following statements is checked:		<input type="checkbox"/> The mileage stated is in EXCESS of its mechanical limits. <input type="checkbox"/> The odometer reading is NOT the actual mileage. WARNING - ODOMETER DISCREPANCY	
SELLER'S PRINTED NAME		SIGNATURE			
SELLER'S PRINTED NAME (IF BUSINESS, PERSON SIGNING FOR BUSINESS)		SIGNATURE			
SELLER'S ADDRESS (IF DIFFERENT FROM FRONT OF TITLE)		DEALER/WRECKER NUMBER	TELEPHONE NUMBER		
I am aware of the above odometer disclosure made by the seller/agent.					
BUYER'S PRINTED NAME			SIGNATURE		
THIRD ASSIGNMENT OF TITLE		I certify the vehicle described above has been transferred to the following (signature certifies to odometer disclosure and releases interest in the vehicle):			
	BUYER'S PRINTED NAME			DATE OF SALE OR TRANSFER	
	BUYER'S ADDRESS				
	ODOMETER READING (NO TENTHS)	I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle UNLESS one of the following statements is checked:		<input type="checkbox"/> The mileage stated is in EXCESS of its mechanical limits. <input type="checkbox"/> The odometer reading is NOT the actual mileage. WARNING - ODOMETER DISCREPANCY	
	SELLER'S PRINTED NAME		SIGNATURE		
	SELLER'S PRINTED NAME (IF BUSINESS, PERSON SIGNING FOR BUSINESS)		SIGNATURE		
	SELLER'S ADDRESS (IF DIFFERENT FROM FRONT OF TITLE)		DEALER/WRECKER NUMBER	TELEPHONE NUMBER	
	I am aware of the above odometer disclosure made by the seller/agent.				
	BUYER'S PRINTED NAME			SIGNATURE	

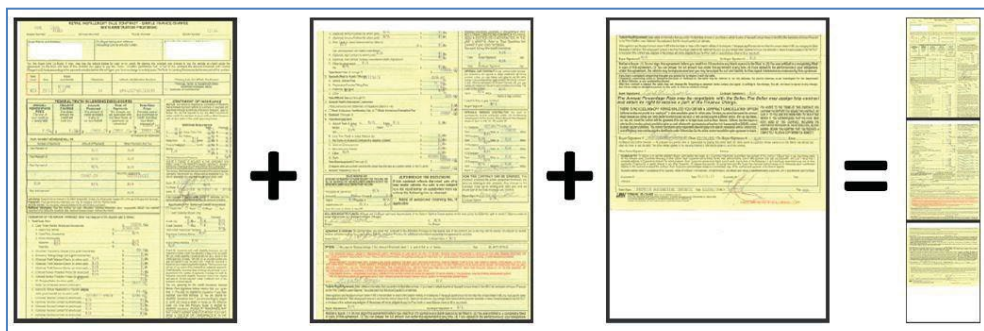
736-403A (1-23)

Complete Vehicle Purchase/Lease Agreement

- ✓ Please submit a complete, clear and legible scan/photo with all details visible.
- ✓ The copy of your purchase/lease agreement must be a final copy (executed and signed). Review or pro-forma copies are not accepted.
- ✓ Purchase/lease agreements look different depending on the dealership and the automaker.
- ✓ The paper size of your purchase/lease agreement may be longer than a normal sheet of paper. Please scan your purchase/lease agreement so that no sections are cut off.*
- ✓ Please include all pages of your purchase/lease agreement.

*Long Purchase/Lease Agreement?

If you have a long purchase/lease agreement, you will need to take several scans and combine the separate scans into one file.



We recommend overlapping your scans so that some information is duplicated on each page:

<p>K. Electronic Vehicle Registration or Transfer Charge (not a governmental fee) (to whom paid) SECURITY+MAIN \$ 29.00 (K)</p> <p>L. (Optional) Service Contract (to whom paid) N/A \$ 1295.00 (L)</p> <p>M. (Optional) Service Contract (to whom paid) N/A \$ N/A (M)</p> <p>N. (Optional) Service Contract (to whom paid) N/A \$ N/A (N)</p> <p>O. (Optional) Service Contract (to whom paid) N/A \$ N/A (O)</p> <p>P. (Optional) Service Contract (to whom paid) N/A \$ N/A (P)</p> <p>Q. Prior Credit or Lease Balance paid by Seller to N/A (e) \$ N/A (Q)</p> <p>S. (Optional) Used Vehicle Contract Cancellation Option Agreement \$ N/A (S)</p>	<p>above. Your signature below means that you agree that: (1) reach Bottom of Scan Page 1</p> <p>disability insurance only if you are working full-time or profit 30 hours a week or more on the Effective Date. (3) Only the Primary Buyer is eligible for</p> <p>usually insurance. DISABILITY INSURANCE MAY NOT COVER CONDITIONS FOR WHICH YOU HAVE SEEN A DOCTOR OR CHIROPRACTOR IN THE LAST 6 MONTHS PRIOR TO Total Disables (not</p> <p>usually insurance. DISABILITY INSURANCE MAY NOT COVER CONDITIONS FOR WHICH YOU HAVE SEEN A DOCTOR OR CHIROPRACTOR IN THE</p> <p>Covered" in You want to Top of Scan Page 2</p> <p>Date Buyer Signature Age</p>
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Duplicate information included at top of next scan.

Tesla: Complete Vehicle Purchase Agreement

Important:

For Tesla vehicles and other vehicles ordered without a standard lease/purchase agreement, the date of first registration with the Oregon DMV is considered the date of purchase or lease. **If you applied before the first date of your Tesla vehicle registration, please contact us to cancel this early application. Applicants will need to re-apply if an application is submitted before this date.**

There are several different combinations of documents that are acceptable as a complete purchase agreement for Tesla. Please see combinations below. Documents must be final copies (executed and signed). Review or “pro-forma” copies are not accepted.

Please submit a complete, clear and legible scan/photo with all details visible and include all pages.

Acceptable Tesla document combinations:

- ✓ **Option 1:** One document from Column A
or
- ✓ **Option 2:** All documents from Column B (electronically signed/timestamped)
or
- ✓ **Option 3:** All documents from Column B (not signed; not time stamped) AND one signed document from Column C

Column A		Column B	Column C
Sample 1 Retail Installment Contract	OR	Sample 4 Motor Vehicle Purchase Agreement: Final Price Sheet	Sample 6 Delivery Declaration and Due Bill
Sample 2 Tesla Lease Agreement		Sample 5 Motor Vehicle Purchase Agreement: Vehicle Configuration Sheet	Sample 7 Motor Vehicle Purchase Agreement: Terms & Conditions
Sample 3 Tesla Conditional Sale Contract and Security Agreement			

Sample 1 - Retail Installment Contract

LAW 553-OR-ARB-e 1/22

RETAIL INSTALLMENT CONTRACT - SIMPLE FINANCE CHARGE (WITH ARBITRATION PROVISION)

Buyer Name and Address (Including County and Zip Code)	Co-Buyer Name and Address (Including County and Zip Code)	Seller-Creditor (Name and Address)
		Tesla Inc.

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements in this contract. You agree to pay the Seller - Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis. The Truth-In-Lending Disclosures below are part of this contract.

New/Used	Year	Make and Model	Odometer	Vehicle Identification Number	Primary Use For Which Purchased
New	2023	Tesla Model 3	15		<input type="checkbox"/> Personal, family, or household unless otherwise indicated below <input type="checkbox"/> business <input type="checkbox"/> agricultural <input type="checkbox"/> N/A

FEDERAL TRUTH-IN-LENDING DISCLOSURES				
ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled.	The total cost of your purchase on credit, including your down payment of
5.59 %	\$ 7,483.28	\$ 41,099.00	\$ 48,581.28	\$ 53,330.93

The Annual Percentage Rate may be negotiable with the Seller. The Seller may assign this contract and retain its right to receive a part of the Finance Charge.

Your Payment Schedule Will Be:

(e) means an estimate

Number of Payments	Amount of Payments	When Payments Are Due
72	\$ 674.74	Monthly beginning 05/06/2023
N/A	\$ N/A	N/A
		N/A

Used Car Buyers Guide. The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale. Spanish Translation: Guía para compradores de vehículos usados. La información que ve en el formulario de la ventanilla para este vehículo forma parte del presente contrato. La información del formulario de la ventanilla deja sin efecto toda disposición en contrario contenida en el contrato de venta.

Late Charge. If payment is not received in full within 10 days after it is due, you will pay a late charge of 5 % of the part of the payment that is late.

Prepayment. If you pay early, you will not have to pay a penalty.

Security Interest. You are giving a security interest in the vehicle being purchased.

Additional Information: See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date and security interest.

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

Returned Check Charge: You agree to pay a charge of \$ 35.00 if any check or electronic payment you make is returned unpaid.

☐ **VENDOR'S SINGLE INTEREST INSURANCE (VSI insurance):** If the preceding box is checked, the Creditor requires VSI insurance for the initial term of the contract to protect the Creditor for loss or damage to the vehicle (collision, fire, theft, concealment). Insurance does not protect your interest in the vehicle. You may choose the insurance company to purchase VSI insurance through the Creditor, the cost of this insurance is \$ N/A. The coverage is for the initial term of the contract.

Agreement to Arbitrate: By signing below, you agree that, pursuant to the Arbitration Provision, any dispute by neutral, binding arbitration and not by a court action. See the Arbitration Provision.

Buyer Signs X _____ Co-Buyer Signs X _____

Note: This is a sample of a first page only; your agreement will be multiple pages. Please submit all pages.

Sample 2 - Lease Agreement

Serial [REDACTED]

TESLA

LEASE AGREEMENT

Lessee / Co-Lessee ("You") Name and Address [REDACTED]				Garaging Address if Different [REDACTED]		Lessor ("We," "us," "our") Tesla Motors, Inc. [REDACTED]	
1. Description of Leased Vehicle ("Vehicle") and Trade-in (if applicable)							
A. Leased Vehicle	New	Year 2020	Make Tesla	Model Model 3	Vehicle Identification Number [REDACTED]	Odometer 15	
B. Trade-in	Year	Make	Model	Agreed Upon Value	Payoff Amount	Net Value (Item 7A or 6J and 12G) \$ 0.00	
	N/A	N/A	N/A	\$ 0.00	\$ 0.00		
THERE IS NO COOLING OFF PERIOD California law does not provide for a "cooling off" or other cancellation period for vehicle leases. Therefore, you cannot later cancel this lease simply because you change your mind, decided the vehicle costs too much, or wish you had acquired a different vehicle. You may cancel this lease only with the agreement of the lessor or for legal cause, such as fraud.							
Federal Consumer Leasing Act Disclosures							
2. Amount Due at Lease Signing or Delivery (Itemized below)* \$ 1,892.07		3. Monthly Payments Your first monthly payment of \$ 567.99 is due on 10/02/2020, followed by 35 payments of \$ 567.99 due on the 2nd of each month. The total of your monthly payments is \$ 20,447.64			4. Other Charges (not part of your monthly payment) Disposition fee \$ 395.00 Total \$ 395.00		5. Total of Payments (the amount you will have paid by the end of the lease) \$ 22,166.72
Itemization of Amount Due at Lease Signing or Delivery							
6. Amount Due at Lease Signing or Delivery				7. How the Amount Due at Lease Signing or Delivery Will be Paid			
A. Capitalized cost reduction \$ 0.00				A. Net trade-in allowance \$ 0.00			
B. First monthly payment \$ 567.99				B. Rebates and noncash credits \$ 0.00			
C. Title fees \$ 0.00				C. Amount applied from deposit \$ 0.00			
D. Registration fees \$ 271.00				D. Amount to be paid in cash \$ 1,892.07			
E. License fees \$ 262.00							
F. Sales/use tax \$ 59.08							
G. Sales tax on capitalized cost reduction \$ 0.00							
H. Acquisition fee \$ 695.00							
I. California tire fee \$ 7.00							
J. Negative trade-in equity payment \$ 0.00							
K. Other: N/A \$ 0.00							
L. Other: Electronic Filing Fee \$ 30.00							
Total \$ 1,892.07				Total \$ 1,892.07			
8. Your Monthly Payment is Determined as Shown Below:							
A. Gross Capitalized Cost. The agreed upon value of the vehicle is \$ 40,200.00, less any trade-in allowance for your [REDACTED] \$ 0.00							
B. Capitalized Cost Reduction. The amount of any net trade-in allowance reduces the gross capitalized cost. \$ 0.00							
C. Adjusted Capitalized Cost. The amount used in calculating your monthly payment is \$ 40,200.00 \$ 40,200.00							
D. Residual Value. The value of the vehicle at the end of the lease term is \$ 94.70 \$ 94.70							
E. Depreciation and Any Amortized Amounts. The amount charged for depreciation is \$ 95.30 \$ 95.30							
F. Rent Charge. The amount charged in addition to the depreciation is \$ 50.51 \$ 50.51							
G. Total of Base Monthly Payments. The depreciation and any amortized amounts plus the rent charge is \$ 45.81 \$ 45.81							
H. Lease Payments. The number of payments in your lease is 36 \$ 36 \$ 36							
I. Base Monthly Payment. \$ 23.49 \$ 23.49							
J. Monthly Sales/use Tax. \$ 44.50 \$ 44.50							
Total Monthly Payment. \$ 67.99 \$ 67.99							
Early Termination. You may have to pay a substantial charge if you terminate the lease early. The actual charge will depend on when the lease is terminated. The earlier you end the lease, the greater this charge is likely to be. \$ 0.00							
9. Excessive Wear and Use. You may be charged for excessive wear based on our standards for normal use and for mileage in excess of total miles over the scheduled lease term of 30,000 miles, at the rate of 25 cents per mile.							
10. No Purchase Option at End of Lease Term. You will not have an option to purchase the vehicle at the scheduled end of the lease.							
11. Other Important Terms. See your lease documents for additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, and insurance.							

Note: This is a sample of a first page only; your agreement will be multiple pages. Please submit all pages.

Note: The agreement may be 3 or 5

Page 1 of 3

Sample 3 – Motor Vehicle Purchase Agreement – Final Price Sheet



MOTOR VEHICLE PURCHASE AGREEMENT

Final Price Sheet

DATE OF AGREEMENT:	06/26/2020
BUYER'S AND CO-BUYER'S NAME AND ADDRESS:	SELLER'S NAME AND ADDRESS:
[Redacted]	Tesla Motors Inc.
[Redacted]	[Redacted]

DESCRIPTION OF PROPERTY						
New/Used	Year	Make	Model	Style	Vehicle Identification Number	Odometer
New	2020	TESLA	Model 3	Sedan	[Redacted]	15

PURCHASE PRICE			
1. Total Vehicle Price			
A. Cash price of motor vehicle, options, accessories and fees. (See attached Vehicle Configuration for itemization.)	\$	39,290.00 (A)	
B. Other: N/A	\$	0.00 (B)	
C. Other: N/A	\$	0.00 (C)	
Total Vehicle Price (A through C)	\$	39,290.00 (1)	
2. Sales Tax Calculation			
A. Trade-in tax credit (if applicable)	\$	0.00 (A)	
B. Taxable Fees (if applicable)	\$	0.00 (B)	
C. Subtotal of Taxable Items	\$	39,290.00 (C)	
D. Sales Tax	\$	3,044.98 (2D)	
E. Other: N/A	\$	0.00 (2E)	
Total Cash Price (1 plus 2D and 2E)	\$	42,334.98 (2)	
3. Amounts Paid to Government Agencies*			
A. Registration/Transfer/Titling Fees	\$	261.00 (A)	
B. License Fee (if applicable)	\$	255.00 (B)	
C. Tire Fee (if applicable)	\$	7.00 (C)	
D. Battery Fee (if applicable)	\$	0.00 (D)	
E. Other Fee(s): N/A	\$	0.00 (E)	
F. Other Fee(s): Electronic Filing Fee	\$	30.00 (F)	
Total Government Fees (A through F)	\$	553.00 (3)	
4. Subtotal (2 plus 3)	\$	42,887.98 (4)	
5. Total Credits			
A. Deposit	\$	0.00 (A)	
B. Financed Amount: Schools First Federal Credit Union	\$	36,000.00 (B)	
C. EV Incentive (if applicable)	\$	0.00 (C)	
D. Trade in value applied to purchase (if applicable)	\$	0.00 (D)	
E. Customer downpayment	\$	6,887.98 (E)	
F. Other Credits	\$	0.00 (F)	
Total Credits (A through F)	\$	42,887.98 (5)	
6. Amount Due from Buyer (4 through 5)	\$	0.00 (6)	

*Seller may retain or receive part of the amounts paid to others.

Auto Broker Fee: This transaction is not subject to a fee received by an auto broker from Seller unless this box is checked:

☐ If checked, name of auto broker receiving fee: n/a

Sample 4 – Motor Vehicle Purchase Agreement: Vehicle Configuration

Serial [REDACTED]

T E S L A

Motor Vehicle Purchase Agreement
Vehicle Configuration

Customer Information	Description	Total in USD
[REDACTED]	Standard Range Plus Rear-Wheel Drive	\$2,990.00
[REDACTED]	Rear-Wheel Drive	\$0.00
[REDACTED]	All Black Partial Premium Interior	\$0.00
[REDACTED]	Pearl White Paint	\$0.00
[REDACTED]	18" Aero Wheels	\$0.00
[REDACTED]	Autopilot	\$0.00
[REDACTED]	Model 3	\$35,000.00
[REDACTED]		\$0.00

VIN [REDACTED] ← **VIN Required**

Reservation [REDACTED]

Order Payment \$0.00

Accepted by Customer on 06/05/2020

Odometer 15

Price indicated does not include taxes and governmental fees, which will be calculated as your delivery date nears. You will be responsible for these additional taxes and fees.

Subtotal	\$	37,990.00
Destination Fee	\$	1,125.00
Documentation Fee	\$	75.00
Order Fee	\$	100.00
Transportation Fee (if applicable)	\$	0.00
Order Modification Fee (if applicable)	\$	0.00
Total	\$	39,290.00

Timestamp (date) as electronic signature required in "Accepted by Customer on" field

Motor Vehicle Purchase Agreement, Vehicle Configuration
Tesla, Inc. ©2019

Page 1 of 1

Sample 5 - Delivery Declaration and Due Bill



Delivery Declaration

VEHICLE DESCRIPTION		
Year/Model	Buyer Name/s	VIN
2018 / Model 3		

BY SIGNING BELOW, YOU AGREE THAT YOU HAVE TAKEN DELIVERY OF YOUR MODEL 3 ON OR BEFORE 3/13/19 AND THAT YOU AGREE WITH YOUR FINAL MOTOR VEHICLE PURCHASE AGREEMENT, WHICH HAS BEEN UPLOADED TO AND IS AVAILABLE IN YOUR MYTESLA ACCOUNT.

All Signatures & Dates Required

Name of Buyer or Buyer's Agent taking Delivery (please print): _____

Signed: _____

On behalf of: _____ [Buyer Name/s]

Date: 3/13/19

Delivery Experience Specialist Signature: _____

Sample 6 - Tesla Terms & Conditions

COPY

T E S L A

Motor Vehicle Purchase Agreement
Terms & Conditions

Documentation. Your Motor Vehicle Purchase Agreement (the "Agreement") is made up of the following documents:

- Vehicle Configuration:** The Vehicle Configuration describes the vehicle that you configured and ordered, including pricing (excluding taxes and official or government fees). If you are purchasing a vehicle from our inventory, the Vehicle Configuration may be in the form of a Monroney window sticker or a buyer's guide.
- Final Price Sheet:** The Final Price Sheet will be provided to you as your delivery date nears. It will include final pricing based on your final Vehicle Configuration and will include taxes and official or governmental fees.
- Terms & Conditions:** These Terms & Conditions are effective as of the date you place your order and make your Order Payment (the "Order Date").

Agreement to Purchase. You agree to purchase the vehicle (the "Vehicle") described in your Vehicle Configuration from Tesla Motors, Inc. or its affiliate ("we," "us" or "our"), pursuant to the terms and conditions of this Agreement. Your Vehicle is priced and configured based on features and options available at the time of order. Options or features released after you place your order may not be included in your Vehicle.

Purchase Price, Taxes and Official Fees. The purchase price of the Vehicle is indicated in your Vehicle Configuration, the Monroney window sticker or buyer's guide attached to this Agreement, as applicable. This purchase price does not include taxes and official or government fees, which could amount to up to 10% or more of the Vehicle purchase price. Because these taxes and fees are constantly changing and will depend on other factors, such as where you register the Vehicle, they will be calculated closer to the time of delivery as indicated on your Final Price Sheet. You will be responsible for paying these additional taxes and fees.

Manufacturing Process.

- Week 1:** We will submit your order to the Tesla Factory for production one week after the Order Date. During this one week period, you may cancel your order or make any changes to your Vehicle Configuration without incurring any costs.
- Week 2 until Delivery:** When we submit your order for production, your Order Payment becomes earned and non-refundable. Because production of your Vehicle is already underway, changes to your Vehicle Configuration during this time will be difficult, if not impossible, for us to accommodate. If you want to make changes to your Vehicle Configuration, we will try to accommodate your request. If we accept your request, you will be subject to a non-refundable \$500 change fee and potential price increases for any pricing adjustments made since your original order date. Any changes made to your Vehicle Configuration, including changes to the purchase price, will be reflected in a subsequent Vehicle Configuration that will form part of this Agreement.

Cancellation; Default: Because your Vehicle is custom ordered, we incur significant costs in starting production of your Vehicle. We also incur significant costs for remarketing and reselling the Vehicle if you cancel or default in this Agreement. As a result, your Order Payment is non-refundable once your order is sent to the Tesla Factory. You acknowledge that the Order Payment amount is a fair and reasonable estimate of the actual damages that we have incurred or may incur, costs that are otherwise impracticable or extremely difficult to determine. We will credit your Order Payment toward the final purchase price of the Vehicle. You acknowledge that this Order Payment and this Agreement are not made or entered into in anticipation of or pending any conditional sale contract.

Motor Vehicle Purchase Agreement (v. 20150219)
Tesla Motors, Inc. ©2015

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Page 1

COPY

T E S L A

Inventory Vehicle. This paragraph is applicable if you are purchasing a Vehicle from our inventory (i.e., the vehicle has already been manufactured, as indicated by an existing VIN, an attached Monroney window sticker or a buyer's guide). Because we incur significant costs in preparing and coordinating the delivery of your Vehicle, including shipping logistics, your Order Payment is non-refundable. You acknowledge that the Order Payment amount is a fair and reasonable estimate of the actual damages that we have incurred or may incur in transporting, remarketing and reselling the Vehicle, costs that are otherwise impracticable or extremely difficult to determine. We will credit your Order Payment against the purchase price of your Vehicle upon completion of the transaction. You acknowledge that this Order Payment and this Agreement are not made or entered into in anticipation of or pending any conditional sale contract.

Delivery. We will notify you of when we expect your Vehicle to be ready for delivery at your local Tesla Service Center, or other location as we may agree to. You agree to schedule and take delivery of your Vehicle within one week of this date. If you are unable to take delivery within the specified period, your Vehicle may be made available for sale to other customers. The estimated delivery date of your Vehicle indicated in this Agreement is an estimate only and is not a guarantee of when your Vehicle will actually be delivered. If, on your behalf, we are coordinating the shipping of the Vehicle to you via a third party common carrier, you agree that delivery of the Vehicle, including the transfer of title and risk of loss, will occur at the time your Vehicle is loaded onto the common carrier's transport (i.e., FOB shipping point). The carrier will insure your Vehicle while in transit and you will be the beneficiary of any claims for damage to the vehicle or losses occurring while the vehicle is in the possession of a common carrier. To secure your final payment and performance under the terms of this Agreement, we will retain a security interest in the Vehicle and all proceeds therefrom until your obligations have been fulfilled.

Warranty; Privacy Policy. You will receive the Tesla Motors New Vehicle Limited Warranty at or prior to the time of Vehicle delivery. You may also obtain a written copy of such warranty from us upon request or download it from your MyTesla account. Tesla's Customer Privacy Policy, which incorporates this Agreement and can be viewed at www.teslamotors.com/privacy.

Limitation of Liability. We are not liable for any incidental, special or consequential damages arising out of this Agreement. In the event we are held liable for any damages to you, your sole and exclusive remedy will be limited to reimbursement of your Order Payment.

No Resellers; Discontinuation. Tesla and its affiliates sell cars directly to end-consumers, and we may unilaterally cancel any order that we believe has been made with a view toward resale of the Vehicle or that has otherwise been made in bad faith. We may also cancel your order and refund your deposit if we discontinue a product, feature or option after the time you place your order.

Governing Law; Integration; Assignment. The terms of this Agreement are governed by, and to be interpreted according to, the laws of the State in which we are licensed to sell motor vehicles that is nearest to your address indicated on your Vehicle Configuration. Prior agreements, oral statements, negotiations, communications or representations about the Vehicle sold under this Agreement are superseded by this Agreement. Terms relating to the purchase not expressly contained herein are not binding. We may assign this Agreement at our discretion to one of our affiliated entities.

State Specific Provisions. You acknowledge that you have read and understand the provisions applicable to you in the State Specific Provisions attachment to this Agreement.

Motor Vehicle Purchase Agreement (v. 20150219)
Tesla Motors, Inc. ©2015

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Page 2

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T E S L A

This Agreement is entered into and effective as of the date you accept this Agreement, by electronic means or otherwise. By confirming and accepting this Agreement, you agree to the terms and conditions of this Agreement.

Buyer's Signature	Signature	Name	Date
			03/25/2016
Co-Buyer's Signature	Signature	Name	Date
			03/25/2016
Seller Signature	Signature	Name	Date
Tesla Motors			03/25/2016

↑

Signatures & Dates Required

Motor Vehicle Purchase Agreement (v. 20150219)
Tesla Motors, Inc. ©2015

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Page 3

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T E S L A

State Specific Provisions

For **NEW YORK** residents: If the Vehicle is not delivered in accordance with the Agreement within 30 days following the estimated delivery date, you have the right to cancel the Agreement and receive a full refund, unless the delay in delivery is attributable to you.

For **MASSACHUSETTS** residents: **ATTENTION PURCHASER:** All vehicles are **WARRANTED** as a matter of state law. They must be fit to be driven safely on the roads and must remain in good running condition for a reasonable period of time. If you have significant problems with the Vehicle or if it will not pass a Massachusetts inspection, you should notify us immediately. We may be required to fix the car or refund your money. **THIS WARRANTY IS IN ADDITION TO ANY OTHER WARRANTY GIVEN BY US.**

For **WASHINGTON, D.C.** residents:

NOTICE TO PURCHASER

IF, AFTER A REASONABLE NUMBER OF ATTEMPTS, THE MANUFACTURER, ITS AGENT, OR AUTHORIZED DEALER IS UNABLE TO REPAIR OR CORRECT ANY NON-CONFORMITY, DEFECT, OR CONDITION WHICH RESULTS IN SIGNIFICANT IMPAIRMENT OF THE MOTOR VEHICLE, THE MANUFACTURER, AT THE OPTION OF THE CONSUMER, SHALL REPLACE THE MOTOR VEHICLE WITH A COMPARABLE MOTOR VEHICLE, OR ACCEPT RETURN OF THE MOTOR VEHICLE FROM THE CONSUMER AND REFUND TO THE CONSUMER THE FULL PURCHASE PRICE, INCLUDING ALL SALES TAX, LICENSE FEES, REGISTRATION FEES, AND ANY SIMILAR GOVERNMENT CHARGES. IF YOU HAVE ANY QUESTIONS CONCERNING YOUR RIGHTS, YOU MAY CONTACT THE DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS.

Seller certifies that the information shown in the itemization of the purchase price, including the Vehicle Configuration, and required by Chapter 93A (Buyers Guide) and the Motor Vehicle Sales and Leasing Act of 1969 (M.V.S.L.A.) of Title 16 of the Code of D.C. Municipal Regulations, is true to the best of our knowledge.

Motor Vehicle Purchase Agreement (v. 20150219)
Tesla Motors, Inc. ©2015

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Page 4

Proof of Income (Charge Ahead rebates only)

Income Verification:

- ✓ Charge Ahead rebate applicant must submit:
 - A completed IRS Form 4506-C **for every** household member aged 18 and older, regardless of filing status and/or dependency
 - One completed Household Summary Form
- ✓ Additional documentation may be requested to provide complete details on income and household size.
- ✓ A sample of IRS Form 4506-C and Household Summary Form is on the following pages.

Categorical Eligibility:

- ✓ Proof of enrollment in an eligible Public Assistance Program
- ✓ A list of eligible Public Assistance Programs and criteria can be found below.

501(c)(3) (Low-income Service Provider only):

- ✓ Low-income service providers must be registered as a 501(c)(3) organization based in Oregon or have an Oregon-based affiliate at the time the eligible vehicle is purchased or leased.
- ✓ A sample of a 501(c)(3) can be found below.



Sample - IRS Form 4506-C

- ✓ The prefilled version of this form will be provided to you during the application process. A copy of this form can be found in your application upload page.
- ✓ All highlighted portions must be filled out.
- ✓ Please submit a complete, clear, and legible scan/photo with all details visible.

Form 4506-C (October 2022)	Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return	OMB Number 1545-1872																																				
Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete or illegible. For more information about Form 4506-C, visit www.irs.gov and search IVES.																																						
<div style="background-color: yellow; text-align: center; font-weight: bold; padding: 5px;">1. Fill out all applicable sections</div>																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">1a. Current name</td> <td colspan="3" style="padding: 2px;">2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)</td> </tr> <tr> <td style="padding: 2px;">I. First name</td> <td style="padding: 2px;">II. Middle initial</td> <td style="padding: 2px;">I. First name</td> <td style="padding: 2px;">II. Middle initial</td> <td style="padding: 2px;">III. Spouse's last name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c. Previous name shown on the last return filed if different from line 1a</td> <td colspan="3" style="padding: 2px;">2c. Spouse's previous name shown on the last return filed if different from line 2a</td> </tr> <tr> <td style="padding: 2px;">I. First name</td> <td style="padding: 2px;">II. Middle initial</td> <td style="padding: 2px;">I. First name</td> <td style="padding: 2px;">II. Middle initial</td> <td style="padding: 2px;">III. Last name</td> </tr> </table>			1a. Current name		2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)			I. First name	II. Middle initial	I. First name	II. Middle initial	III. Spouse's last name	1b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)					1c. Previous name shown on the last return filed if different from line 1a		2c. Spouse's previous name shown on the last return filed if different from line 2a			I. First name	II. Middle initial	I. First name	II. Middle initial	III. Last name											
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5a. IVES participant name, ID number, OR mailbox ID, and address																																						
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Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts</td> </tr> <tr> <td colspan="3" style="padding: 2px;">1040</td> </tr> <tr> <td style="padding: 2px;">a. Return Transcript <input checked="" type="checkbox"/></td> <td style="padding: 2px;">b. Account Transcript <input type="checkbox"/></td> <td style="padding: 2px;">c. Record of Account <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="padding: 2px;">7. Wage and income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="padding: 2px;">a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.</td> </tr> <tr> <td colspan="3" style="padding: 2px;">b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers</td> </tr> <tr> <td style="padding: 2px;">Line 1a <input type="checkbox"/></td> <td colspan="2" style="padding: 2px;">Line 2a <input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="padding: 2px;">8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)</td> </tr> <tr> <td colspan="3" style="padding: 2px;">12 / 31 / 2022</td> </tr> </table>			6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts			1040			a. Return Transcript <input checked="" type="checkbox"/>	b. Account Transcript <input type="checkbox"/>	c. Record of Account <input type="checkbox"/>	7. Wage and income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>			a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.			b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers			Line 1a <input type="checkbox"/>	Line 2a <input type="checkbox"/>		8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)			12 / 31 / 2022											
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12 / 31 / 2022																																						
Caution: Do not sign this form unless all applicable lines have been completed.																																						
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.																																						
<input checked="" type="checkbox"/> Signatory agrees that he/she has read the above attention notice and upon so reading declares that he/she has the authority to sign the form and/or the instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Signature of Line 1a taxpayer(s)</td> <td style="padding: 2px;">Date</td> <td style="padding: 2px;">Phone number of taxpayer on line 1a or 2a</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <div style="background-color: yellow; text-align: center; font-weight: bold; padding: 5px;">3. Fill out all applicable sections</div> </td> <td style="padding: 2px;"><input type="checkbox"/> Signatory confirms document was electronically signed</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="4" style="padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Sign Here</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Title (if line 1a above is a corporation, partnership, estate, or trust)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Spouse's signature (required if listed on Line 2a)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <input checked="" type="checkbox"/> Form 4506-C was signed by an Authorized Representative </td> <td colspan="2" style="padding: 2px;"> <input type="checkbox"/> Signatory confirms document was electronically signed </td> </tr> <tr> <td colspan="4" style="padding: 2px;">Print/Type name</td> </tr> </table>			Signature of Line 1a taxpayer(s)		Date	Phone number of taxpayer on line 1a or 2a	<div style="background-color: yellow; text-align: center; font-weight: bold; padding: 5px;">3. Fill out all applicable sections</div>		<input type="checkbox"/> Signatory confirms document was electronically signed		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Sign Here</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Title (if line 1a above is a corporation, partnership, estate, or trust)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Spouse's signature (required if listed on Line 2a)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date</td> </tr> </table>				Sign Here		Title (if line 1a above is a corporation, partnership, estate, or trust)		Spouse's signature (required if listed on Line 2a)		Date		<input checked="" type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		Print/Type name											
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Catalog Number 72627P For Privacy Act and Paperwork Reduction Act Notice, see page 2.																																						
www.irs.gov																																						
Form 4506-C (Rev. 10-2022)																																						

Sample – Household Summary Form

- ✓ The prefilled version of this form will be provided to you during the application process. A copy of this form can be found in your application upload page.
- ✓ Fill in all sections
- ✓ Please submit a complete, clear, and legible scan/photo with all details visible.

Center for
Sustainable
Energy™State of Oregon
DEQ Department of Environmental Quality

**OREGON CLEAN VEHICLE REBATE PROGRAM
CHARGE AHEAD HOUSEHOLD SUMMARY FORM**

Fill in all sections in blue, including those highlighted in red

To determine if a vehicle is eligible for the OCVRP, it will be necessary to determine if the vehicle was purchased by an individual who is living in your household. Additional information or verification from you may be requested, if necessary.

To help us verify your household size, please fill out, sign, date, and return this form to your OCVRP rebate processing specialist.

1. Fill out each field below for your household size.

A. Number of household members age 18 or older	
B. Number of household members age 17 or younger	
C. Total Household Size (Add A +B)	

2. Enter the name for each household member age 18 or older.

Household Member	Full Name
1 - Applicant	
2	
3	
4	
5	
6	
7	
8	
9	
10	

3. Fill out, sign, and return a copy of IRS Form 4506-C for each person listed in the table above.

4. Complete the applicant certification fields below.

☐ I am not claimed as a dependent on someone else's tax return.

☐ I certify under penalty of perjury that all the information I am providing in this application, including the information about my household size, is accurate to the best of my knowledge, after reasonable inquiry.

Applicant's Full Residential Address:

Applicant Signature: **Date:**

Printed Applicant Name: **Application Number:**

Your application number is in your confirmation email.

Oregon Clean Vehicle Rebate Program: Charge Ahead Household Summary Form
Version: 04.03.24

Categorical Eligibility- Public Assistance Program

- ✓ Applicants enrolled in an eligible public assistance program must submit a document that, at minimum, provides:
- Applicant name as the person receiving the benefit
 - Name of the qualifying program (see list below)
 - The government entity or the managed care organization that issued the document
 - An issue date showing the applicant was enrolled during the purchase or lease of their eligible vehicle, OR a date showing they were enrolled at time of application submission/processing.

Charge Ahead Eligible Public Assistance Programs

Oregon Health Plan/Medicaid: **Acceptance Letter or OHP card**

SNAP: **Acceptance Letter**

Temporary Assistance for Needy Families (TANF): **Award Letter or Notice of Action**

Free and Reduced-Price Lunch: **Eligibility Notification Letter**

HUD Housing Choice Voucher: **HUD letter of eligibility or issued voucher**

LIHEAP (home energy assistance): **LIHEAP letter of eligibility**




Employment-related Daycare: **Eligibility Notification Letter**

Women, Infants and Children (WIC): **Award letter or notice of approval**

IMPORTANT: Sample Supporting Documents can vary based on program and acceptance year. This is not a comprehensive list and alternative supporting documents may be accepted on a case-by-case basis.

Sample- Oregon One Eligibility Account

This account page can be used for eligibility verification on multiple Public Assistance Programs. This page will need to list the name of the applicant receiving the benefit(s) and the next renewal or end date to be considered.

 MY ACCOUNT DASHBOARD ABOUT MEDICAL, FOOD, CASH OR CHILD CARE ASSISTANCE  

My Dashboard

My Actions

Change My Medical Plan

Messages


Community Partner Info

Authorized Rep

Settings

Quick Links

Announcements

[\(0\) Urgent](#) 

[\(0\) Unread](#)

Message Center

[Inbox](#)

Application

[Start an Application](#)

[Medical Pre-Screening](#)

Contact Information

[ONE Customer Service](#)

[Locate ODHS Office](#)

[Other Resources](#)

[View FAQ](#)

Other


[My Appointments](#)

[Close my Benefits](#)


[Replace my Oregon Trail Card](#)

[Report a Fraud](#)

[ARAWD Summary](#)



Renewal/Periodic Report

Case Number	Program	Certification End Date
	Supplemental Nutrition Assistance Program (SNAP)	02/29/2024

Start Renewal/Periodic Report or Check Status

Report a Change in How We Contact You

Report a Change in Circumstance

Request For Information

[View My Documents](#)



[Upload](#)

Below is a list of items that we have requested for you to provide. Once you have submitted the information, a worker will look at it. If more information is needed, an eligibility worker will contact you.

Remember: These requests are time sensitive. The request will no longer display after the time to respond has passed.

You can submit information by:





Uploading to the ONE mobile or desktop site,
ONE Customer Service Center, PO Box 14015 Salem, OR 97309
Fax to 503-373-7493,
Deliver in person to your local office (Click [here](#) to find a local office near you).

Program	Type of Information	Name of Person	Date Needed
SNAP	Gross Earned Income		

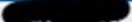





Current Benefits

Case Number: 400260517

Family Assistance

Benefit	Next Renewal Date	Included Individuals	Monthly Benefit Amount(\$)	Amount Received this Month(\$)
SNAP				

Medical Assistance

Individual	Client ID	Next Renewal Date	Coverage Type
		01/31/2025	Full Medical
		01/31/2025	Full Medical
		01/31/2025	Full Medical

Sample – Oregon Health Plan/Medicaid

Acceptance Letter:

<p>5503 XX#### XX P2 EN AT PO BOX ##### SALEM, OR 97309 DO NOT FORWARD: RETURN IN 3 DAYS</p> <p>Branch name/Division: OHP/CAF</p> <p>Worker ID/Telephone: XX/503-555-5555</p> <p>JOHN DOE 123 MAIN ST HOMETOWN OR 97000</p>	<p>Keep this letter!</p> <p>This letter explains your Oregon Health Plan (OHP) benefits.</p> <p>This letter is just for your information. You do not need to take it to your health care appointments.</p> <p>We will only send you a new letter if you have a change in your coverage, or if you request one.</p>
---	---

Welcome to the Oregon Health Plan (OHP). This is your **new coverage letter**.

This letter lists coverage information for household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

Reasons for letter:

Managed care plan or Primary Care Manager enrollment changed for:

- Doe, John – 7/13/2009
- Doe, Jane – 7/13/2009
- Doe, Timothy – 7/13/2009
- Doe, Kathy – 7/13/2009

OHP Card:

Name JANE DOE	SEP 28 21 1
Member ID ABC1234	Language ENGLISH
For urgent care, call your PCP 24 hours/day In an emergency, call 911 or go to the hospital For a non-emergency ride, call 855-321-4899	
Health Share of Oregon www.healthshareoregon.org 503-416-8090 or 888-519-3845 TTY/TDD 711	
	

Date should reflect enrollment during purchase/lease of the vehicle or be valid at time of application submission/processing

Sample - SNAP

ADULT AND FAMILY SERVICES FB
FLORENCE
3180 HWY 101
FLORENCE, OR 97439

WCN0005R-A Notice: FSNOTM1 Rev 03/2016
Language EN

Program :
Branch :
Worker :
Case No :
Case Name :

BRANCH OFFICE
FLORENCE
(541) 902-9430

Date of Notice

SNAP Benefits Approved in Simplified Reporting (SRS) 24 Month Certification

Your Supplemental Nutrition Assistance Program (SNAP) food benefits will start on [REDACTED]. Your first month's benefits will be \$ [REDACTED]. If there are no other changes, your full month's food benefits will be \$ [REDACTED]. Your food benefits are based on [REDACTED] person(s) and \$ [REDACTED] countable gross income. Your certification period is [REDACTED]. You must talk with your worker in month 12 to continue to receive benefits. To keep getting food benefits after the 12th month, a worker will contact you in [REDACTED] to complete this.

We are placing you in the Simplified Reporting System (SRS). This means, during a 12-month period, you only need to report when the monthly gross income for your household goes above \$ [REDACTED]. You need to report this change by the [REDACTED] of the month after the change happens.

You do not need to report other changes. You may want to report if your mailing address changes or other changes that may give you more benefits. Some examples of changes that may increase your benefits are:

- o if your income goes down;
- o if a new person moves in; and
- o if your rent, court ordered child support or child care deductions go up.

You may also qualify for other help. The Oregon Telephone Assistance Program (OTAP) helps with the cost of basic service. Families with children can get free or low price school meals. Nutrition education with food vouchers from Women, Infants and Children (WIC). For more information or to see if there are other resources available in your community, talk to your worker, contact 2-1-1 or visit www.211info.org.

If anyone in your group has an existing overpayment, your monthly food benefits will be less until the amount is paid back. The reduction will be by at least 10% but not less than \$10. We may also collect the overpayment from tax returns.

Oregon Administrative Rules: 461-110-0530, 461-110-0630, 461-115-0040, 461-115-0450, 461-150-0060, 461-150-0232, 461-155-0190, 461-160-0060, 461-160-0070, 461-160-0430, 461-170-0010, 461-170-0011, 461-170-0101, 461-170-0102, 461-180-0080 and 461-195-0551.

If you disagree with this action, you have the right to a hearing. Please read Part 1 on the back of this form for more information.

Sample – Free and Reduced-price Lunch

Date: _____

Eligibility Notification Letter – Free and Reduced Price Meal Benefits

Dear Parent or Guardian of _____:

This letter contains important information about your application for free and reduced price school meals. Based on the information provided, your child(ren)'s meal application is:

☐ **Approved for Free Meals**

☐ **Approved for Reduced Price Meals**

Reduced breakfast price: _____ Reduced lunch price: _____

☐ **Denied** meal benefits

☐ Income too high

☐ Incomplete application: _____

☐ Other: _____

☐ **Changing from last school year in 10 calendar days, _____, from this letter's date to:**
(date)

☐ Free to Reduced Price

☐ Free to Paid

☐ Reduced Price to Paid

NOTE: If you do not currently qualify for free or reduced price meals, but have a change during this school year (such as a decrease in household income, an increase in household size, become unemployed, or receive Food Stamps, TANF or FDPIR benefits) complete a meal application at that time.

You may contact us if you do not agree with the decision about your meal application. You may request a fair hearing by calling or writing:

Name _____ Phone _____

Address _____

The school may verify information on the application at any time during the school year.

Sincerely,

Eligibility Official _____ Phone _____

Eligibility Notification Letter (Meals)
(Rev. 5/2018)

Sample – HUD Housing Choice Voucher

Voucher

Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB No. 2577-0169
(exp. 9/30/2012)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

Please read **entire** document before completing form

Fill in all blanks below. Type or print clearly.

Voucher Number

1. Insert **unit size** in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)

1. Unit Size

2. **Date Voucher Issued (mm/dd/yyyy)**

Insert actual date the Voucher is issued to the Family.

2. Issue Date (mm/dd/yyyy)

3. **Date Voucher Expires (mm/dd/yyyy)**

Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)

3. Expiration Date (mm/dd/yyyy)

4. **Date Extension Expires** (if applicable)(mm/dd/yyyy)
(See Section 6. of this form)

4. Date Extension Expires (mm/dd/yyyy)

5. Name of Family Representative

6. Signature of Family Representative

Date Signed (mm/dd/yyyy)

Sample - 501(c)(3) [Low-income Service Providers only]

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 13 2006

Employer Identification Number:

[REDACTED]

DIN:

[REDACTED]

Contact Person:

[REDACTED]

ID#

[REDACTED]

Contact Telephone Number:

[REDACTED]

Accounting Period Ending:

[REDACTED]

Public Charity Status:

[REDACTED]

Form 990 Required:

[REDACTED]

Effective Date of Exemption:

[REDACTED]

Contribution Deductibility:

[REDACTED]

Advance Ruling Ending Date:

[REDACTED]

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.










Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Proof of Oregon Business

- ✓ We can accept a copy of a local business license, articles of incorporation, or other formation document filed with the Oregon Secretary of State.
- ✓ Please submit a complete, clear and legible scan/photo of your document with all details visible.

Samples:

ARTICLES OF INCORPORATION	
	Corporation Division www.filinginoregon.com
E-FILED May 22, 2015 OREGON SECRETARY OF STATE	
<hr/>	
REGISTRY NUMBER 	
TYPE DOMESTIC BUSINESS CORPORATION	
1. ENTITY NAME 	
2. MAILING ADDRESS 	
3. NAME & ADDRESS OF REGISTERED AGENT  	
4. INCORPORATORS   	
5. NUMBER OF SHARES 20000	

Attestation Form (organizations only)

- ✓ This form will be provided to you during the application process. A copy of this form can be found in your application upload page.
- ✓ Check all applicable boxes and sign/date the form.
- ✓ Please submit a complete, clear, and legible scan/photo with all details visible.



State of Oregon
Department of Environmental Quality



Center for
Sustainable
Energy™

Oregon Clean Vehicle Rebate Program Attestation Form

Please read, check all relevant boxes below and sign below.

By signing this application, the Applicant agrees to the following: (Required for all applicants)

- ☐ I have read and agree to the Terms and Conditions.
- ☐ I certify under penalty of perjury that, to the best of my knowledge, the information provided in this application and supporting documentation is accurate.
- ☐ I agree to provide my Personal Information (defined below) as part of this application and understand and agree that my Personal Information will be shared with the following parties for the following purposes:

1. The Center for Sustainable Energy, so they may contact me, process my rebate, and enforce the Program Terms and Conditions.
2. The Oregon Department of Environmental Quality (DEQ), Oregon DMV, and the Oregon Treasury to administer the Program, distribute my rebate funds and enforce program Terms and Conditions.
3. Any other party pursuant to a public records request under which this rebate application is deemed a "responsive record", in which case DEQ may release some or all of my Personal Information to a third party as required by Oregon law.

Personal Information may include, but is not limited to, an individual's name, address, email address, social security number, driver license number, household income, telephone number, racial identity, ethnicity, age, and gender identity.

FOR LOW-INCOME SERVICE PROVIDERS ONLY:

- ☐ I attest that I am a low-income service provider, as defined in Oregon Administrative Rule 340-270-0030(8).

Signature of Applicant or Authorized Representative: _____

Date: _____