

STATEMENT OF CONSTRUCTION

Sections 1 through 5 and 8 must be completed for assembled trailers weighing less than 6,000 pounds. Complete both sides of form for all other vehicle types.

SECTION 1: VEHICLE DESCRIPTION

IDENTIFICATION NUMBER	ENGINE YEAR MODEL	MOTORCYCLE ENGINE NUMBER
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SECTION 2: CONSTRUCTION OF VEHICLE

This vehicle/trailer was primarily assembled:

- ☐ by me
☐ for me by:

NAME OF PERSON, COMPANY OR AGENT OF COMPANY

RESIDENCE OR BUSINESS ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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SECTION 3: COMPONENT PART(S) INFORMATION

Accompanying the application are bills of sale for the following major component parts:

(Check applicable boxes)

- ☐ Engine ☐ Transmission ☐ Frame ☐ Body

SECTION 4: STATEMENT OF FACTS

Explanation of how I came into possession of major component parts listed above, for which I am unable to provide evidence of purchase (bills of sale, invoices, etc.)

SECTION 5: COST INFORMATION AND VEHICLE VALUE

Purchase price of the unassembled kit	\$	_____
Purchase price of the partially assembled vehicle (body/frame)	\$	_____
Purchase price of the completely assembled vehicle	\$	_____
Purchase price of the new and/or used component parts	\$	_____
Cost of the frame (if purchased separately)	\$	_____
Cost of the engine (if applicable)	\$	_____
Cost of the installation of the transmission/engine (if applicable)	\$	_____
Value of parts not supported by bills of sale or invoices	\$	_____
Total value of the vehicle (including labor)	\$	_____

IDENTIFICATION NUMBER	ENGINE YEAR MODEL	MOTORCYCLE ENGINE NUMBER
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SECTION 6: PURCHASE AND INSTALLATION OF MAJOR COMPONENT PARTS

I purchased and/or acquired the engine from:

NAME OF PERSON, COMPANY, OR AGENT OF COMPANY

RESIDENCE OR BUSINESS ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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I purchased and/or acquired the transmission from:

NAME OF PERSON, COMPANY, OR AGENT OF COMPANY

RESIDENCE OR BUSINESS ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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I purchased and/or acquired the frame from:

NAME OF PERSON, COMPANY, OR AGENT OF COMPANY

RESIDENCE OR BUSINESS ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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I purchased and/or acquired the body from:

NAME OF PERSON, COMPANY, OR AGENT OF COMPANY

RESIDENCE OR BUSINESS ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE NUMBER
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SECTION 7: DELIVERY OF COMPLETE VEHICLE

I took possession of the completely assembled vehicle on:

DATE (MMDDYYYY)

I took possession from:

NAME OF PERSONS, COMPANY OR AGENT OF COMPANY

I took possession at the following address:

RESIDENCE OR BUSINESS ADDRESS	CITY	STATE
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SECTION 8: OWNER'S SIGNATURE AND CERTIFICATION

To the best of my knowledge, I certify that all of the equipment used to assemble this vehicle is in conformance with any applicable federal motor vehicle safety standards. I also further agree to indemnify and save harmless the Director of Motor Vehicles of the State of California for any loss suffered resulting from the registration/or identification of the above described vehicle in California or from the issuance of a California certificate of ownership covering the same. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

COMPLETE IN FULL BELOW

PRINTED LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY/COUNTY	STATE
SIGNATURE	DAYTIME TELEPHONE NUMBER	
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