

# MOPED CERTIFICATION

- PURPOSE:** Use this form to certify compliance with moped operation requirements as defined in VA Code §46.2-100.
- INSTRUCTIONS:** Complete form and submit with application for title to DMV when applying to title a moped. DMV may request proof of any information provided.

MOPED OPERATION VERIFICATION
<p>Check to verify that:</p> <p><input type="checkbox"/> You are titling a moped which meets the following as defined by VA Code §46.2-100:</p> <ul style="list-style-type: none"> <li>• has 2 or 3 wheels</li> <li>• has a motor size that is 50 cc's or less /1500 watts or less</li> <li>• Vehicle will be operated on public highways at speeds of 35 mph or less.</li> </ul> <p><b>NOTE:</b> Any moped operated at speeds exceeding 35 mph OR that has a motor displacement/input exceeding 50cc/1500 watts must be titled as a motorcycle. Additionally, operating a moped in excess of 35 mph requires the operator to comply with all applicable motorcycle requirements and is a traffic infraction punishable by a fine.</p>

MOPED INFORMATION			
YEAR	MAKE	MODEL	BODY TYPE
COLOR		VEHICLE IDENTIFICATION NUMBER (VIN)	
MOTOR DISPLACEMENT/INPUT (check one)			
<input type="checkbox"/> 50 cubic centimeters or less/1500 watts or less		<input type="checkbox"/> Greater than 50 cubic centimeters/greater than 1500 watts	
<b>NOTE:</b> A moped must be titled as a motorcycle if the motor displacement or input is greater than 50 cubic centimeters/1500 watts.			

OWNER INFORMATION			
OWNER FULL NAME (last, first, middle initial) OR BUSINESS NAME (if business owned)		DMV CUSTOMER NUMBER/FEIN/SSN	OWNER TELEPHONE NUMBER
CO-OWNER FULL NAME (last, first, middle initial) (print)		DMV CUSTOMER NUMBER/FEIN/SSN	CO-OWNER TELEPHONE NUMBER
OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
Check one: <input type="checkbox"/> Moped is owned by individual(s). <input type="checkbox"/> Moped 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 type="checkbox"/> NO		

IMPORTANT INFORMATION
<p>To operate a moped you are required to:</p> <ul style="list-style-type: none"> <li>• Carry a government issued photo identification.</li> <li>• Be at least 16 years of age.</li> <li>• Wear a helmet (approved by the Virginia State Police) with face shield or safety glasses (not required if moped is equipped with a windshield).</li> </ul> <p>Odometer reading, proof of insurance, safety inspection, and electric fee, are NOT required to title a moped.</p>

CERTIFICATION		
<p>The owner(s) listed above 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.</p>		
OWNER OR AUTHORIZED AGENT/REPRESENTATIVE SIGNATURE	CO-OWNER SIGNATURE	DATE (mm/dd/yyyy)