

2021 HOUSE TRANSPORTATION

HB 1399

2021 HOUSE STANDING COMMITTEE MINUTES

Transportation Committee Room JW327E, State Capitol

HB 1399
1/28/2021

A bill relating to a certificate of collector's title; and to provide a penalty.
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2:23 PM **Chairman Ruby** opened the hearing.

Attendance

Representatives	
Representative Dan Ruby	P
Representative Tom Kading	P
Representative Rick Becker	P
Representative Cole Christensen	P
Representative LaurieBeth Hager	P
Representative Jared C. Hagert	P
Representative Karla Rose Hanson	P
Representative Terry B. Jones	P
Representative Emily O'Brien	P
Representative Mark S. Owens	P
Representative Bob Paulson	P
Representative Gary Paur	P
Representative Robin Weisz	P
Representative Greg Westlind	P

Discussion Topics:

- Retitle an abandoned vehicle.
- Request to withdraw.

Representative Tveit introductory testimony (#4132).

Representative O'Brien moved a Do Not Pass.

Representative Westlind seconded.

Roll Call Vote

Representatives	Vote
Representative Dan Ruby	P
Representative Tom Kading	P
Representative Rick Becker	P
Representative Cole Christensen	P
Representative LaurieBeth Hager	P
Representative Jared C. Hagert	P
Representative Karla Rose Hanson	P
Representative Terry B. Jones	P

Representative Emily O'Brien	P
Representative Mark S. Owens	P
Representative Bob Paulson	P
Representative Gary Paur	P
Representative Robin Weisz	P
Representative Greg Westlind	P

Motion Carried 14-0-0 **Representative Westlind**

carrier. 2:29 hearing closed.

2:31 Adjourned.

Jeanette Cook, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1399: Transportation Committee (Rep. D. Ruby, Chairman) recommends **DO NOT PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1399 was placed on the Eleventh order on the calendar.

Representative Tveit

Mr. Chairman and committee members, I am here today to ask you to allow me to withdraw

HB 1399 –

HB 1399 is a bill with the intent to clean up the process and make retitling of certain abandoned, tree row or salvage pile vehicles, in part or in whole, less challenging for the collector or restorer of such vehicles. Allowing these individuals the opportunity to sell, trade or rebuild such Said vehicles, while protecting their investments.

In the past, neither the DOT clerks or the individual potential owner really knew what was required to reticle a vehicle once the title had been long lost and no longer in the records.

Thus, in instances, in such request, DOT was proposing a road worthy inspection. The collector, restorer wanted a better means of ownership such as a title before investing large amounts of money, \$30,000.00; \$40,000.00 or often much more before said vehicle was road worthy inspectable.

I and my constituents were able to work closely with:

Jen Blumhagen, Motor Vehicle Division Director,

And come to an understanding of the problem, resolving it without further legislation.

Mr. Chairman, therefore, I am here to ask you to allow me to withdraw HB 1399 and not creat unnecessary laws or regulations;

Mr Chairman, and Committee Members, please withdraw or kill HB 1399. Thank You

CERTIFICATE OF VEHICLE INSPECTION

North Dakota Department of Transportation, Motor Vehicle
SFN 2486 (01-2017)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Website: <https://dot.nd.gov>

Title Number

The vehicle described must be inspected by a qualified business to verify compliance with state laws before title or registration will be issued by the ND Department of Transportation (NDDOT). If the vehicle passes inspection, this form, bearing the signature of the qualified business and accompanied by all required documents, must be forwarded to the Motor Vehicle Division, NDDOT, 608 E. Boulevard Ave., Bismarck, North Dakota 58505, before the vehicle will be registered. If vehicle is already licensed and titled, this form may be used to rescind the license and title if the vehicle is found to be illegally equipped.

Year	Make	Model	Body Style	Vehicle Identification Number	Number of Axles
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REASON FOR INSPECTION

<input type="checkbox"/> VIN Inspection	Inspector Name (Print or Type)	Inspector Business (Print or Type)	Signature of Agent for Qualified Business	Date
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Vehicle Identification Number has been affixed in a secure manner and inspected by a qualified business as required by NDCC 39-05-20.2 (check one):

- | | |
|--|--|
| <input type="checkbox"/> Motor Vehicle to be affixed on left front pillar post between door hinges. | <input type="checkbox"/> Mobile Home/Trailer to be affixed on hitch. |
| <input type="checkbox"/> Motorcycle to be affixed on the frame. | <input type="checkbox"/> Public Vehicle Identification number replacement. |
| <input type="checkbox"/> Rebuilt <input type="checkbox"/> Modified <input type="checkbox"/> Antique <input type="checkbox"/> Homemade <input type="checkbox"/> Window Tint | <input type="checkbox"/> Other |

NOTE: If vehicle is antique, is it equipped with original or equivalent parts? ☐ Yes ☐ No

If no explain

MOTOR VEHICLE OR 4-WHEELED UNCONVENTIONAL Does the vehicle meet the statutory requirements including all electronic components that gives power to any of the following? (See Chapter 39-21 NDCC and Article 37-12 NDAC) PASS FAIL <input type="checkbox"/> Headlights (39-21-02, 39-21-03, 39-21-20) <input type="checkbox"/> Taillights (39-21-04) <input type="checkbox"/> License Plate Light (39-21-04) (3) <input type="checkbox"/> Clearance Lights and Reflectors (39-21-05, 39-21-07 through 39-21-12) <input type="checkbox"/> Stoplights (39-21-06) (1) <input type="checkbox"/> Turn Signals (39-21-06(2), 39-21-19) <input type="checkbox"/> Brakes (39-21-32, 39-21-33) (37-12-02-03(1)) <input type="checkbox"/> Horn (39-21-36) (37-12-02-04) <input type="checkbox"/> Exhaust System (39-21-37) (37-12-02-03(3)) <input type="checkbox"/> Mirrors (39-21-38) (37-12-02-02(5)) <input type="checkbox"/> Windshield - Tinted Windows (39-21-39 (1) (4) <input type="checkbox"/> Windshield Wipers (39-21-39 (2) (3) <input type="checkbox"/> Bumper Height (39-21-45.1) (37-12-02-03(2)) <input type="checkbox"/> Door Latches (37-12-02-02(1)) <input type="checkbox"/> Floor Pan (37-12-02-02(2)) <input type="checkbox"/> Hood Latches (37-12-02-02(3)) <input type="checkbox"/> Steering Wheel (37-12-02-02(4)) <input type="checkbox"/> Fenders (37-12-02-03(4)) <input type="checkbox"/> Fuel System (37-12-02-03(5)) <input type="checkbox"/> Steering and Suspension (37-12-02-03(6)) <input type="checkbox"/> Tires (37-12-02-03(7))	MOTORCYCLE OR 3-WHEELED UNCONVENTIONAL Does the vehicle meet the statutory requirements including all electronic components that gives power to any of the following? (See Chapter 39-27 NDCC) PASS FAIL <input type="checkbox"/> Frame and Chassis (39-27-03) <input type="checkbox"/> Brakes (39-27-04) (39-27-04.1) <input type="checkbox"/> Tires, Wheels, and Rims (39-27-05) <input type="checkbox"/> Steering and Suspension (39-27-06) <input type="checkbox"/> Fuel System (39-27-07) <input type="checkbox"/> Muffler (39-27-08) <input type="checkbox"/> Mirror (39-27-09) <input type="checkbox"/> Fenders (39-27-10) <input type="checkbox"/> Seat (39-27-11) <input type="checkbox"/> Chain Guard (39-27-12) <input type="checkbox"/> Vehicle Stand (39-27-13) <input type="checkbox"/> Glazing (39-27-14) <input type="checkbox"/> Horn (39-27-15) <input type="checkbox"/> Speedometer and Odometer (39-27-16) <input type="checkbox"/> Lighting Equipment (39-27-17) (39-27-17.1) <input type="checkbox"/> Passenger Seat (39-27-18) <input type="checkbox"/> Footrest (39-27-20) <input type="checkbox"/> Highway Bars (39-27-21)	TRAILER Does the vehicle meet the statutory requirements including all electronic components that gives power to any of the following? (See Chapter 39-21 NDCC) PASS FAIL <input type="checkbox"/> Taillights (39-21-04) <input type="checkbox"/> Clearance Lights & Reflectors (39-21-05, 39-21-10) <input type="checkbox"/> Stoplights (39-21-06, 39-21-08) <input type="checkbox"/> Turn Signals (39-21-06, 39-21-08) <input type="checkbox"/> Safety Chains or Brakes (39-21-32)
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CERTIFICATE OF REPAIRS FOR SALVAGE VEHICLE

I certify that I have rebuilt the above described vehicle. I further certify: The frame of the vehicle was not in need of repair or has been repaired in such a manner that the repairs will not detract from the overall performance of the vehicle and the chassis is now in a condition that would be comparable to the chassis of a similar vehicle which has not been damaged in an accident. The wheel alignment for the vehicle is within the tolerances allowed for vehicles of the same make, year model, and style.

Repairs Completed By (Print or Type)	Signature	Date
Mailing Address	City	State
		ZIP Code

This inspection is "only" to verify the above-described vehicle has met minimum equipment requirements as required by state law.

I certify that I am a business that is registered with the secretary of state, is in good standing, and offers motor vehicle repair to the public. The business completing the inspection may not be the same business that reconstructed the vehicle as required by NDCC Section 39-05-20.2. If you own the vehicle being inspected, the inspection must be completed by another qualified business.

Agent for Qualified Business (Print or Type)	Agent for Qualified Business Signature	Date
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PENALTY: Any person making a false statement on this certificate of which another penalty is not specifically provided is guilty of a class B misdemeanor.



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LAINA AVE NE, SALEM OREGON 97314

VEHICLE IDENTIFICATION NUMBER (VIN) INSPECTION FORM

(FORM MUST BE FULLY COMPLETED AND SIGNED - INSTRUCTIONS ON BACK)

L.E.V.
Compliant

☐ YES
☐ NO

CUSTOMER INFORMATION

NAME (PRINT LAST, FIRST, MIDDLE)	ODL / ID / CUSTOMER #	STATE OF ISSUE	MESSAGE PHONE # ()
ADDRESS, STREET, CITY, STATE AND ZIP CODE			

VEHICLE INFORMATION

PLATE NUMBER	STATE/PROVINCE OF REGISTRATION	YEAR	MAKE	BODY STYLE	MODEL
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If this is a motorized vehicle, is the gross vehicle weight rating (GVWR) over 26,000 pounds? ☐ YES ☐ NO
If this is a non-motorized vehicle, is the loaded weight over 8,000 pounds? ☐ YES ☐ NO

VIN INSPECTION

The vehicle identification number is:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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▼ Check ALL boxes that apply - At least one box MUST be checked in each column ▼

VIN LOCATION	VIN TYPE	VIN ATTACHED BY	CONDITION OF VIN	FED STANDARDS STICKER
<input type="checkbox"/> VISIBLE THROUGH WINDSHIELD	<input type="checkbox"/> METAL PLATE	<input type="checkbox"/> NOT VISIBLE	<input type="checkbox"/> APPEARS OKAY	<input type="checkbox"/> AGREES WITH VIN
<input type="checkbox"/> BODY-LEFT (DRIVER SIDE)	<input type="checkbox"/> STAMPED ON BODY	<input type="checkbox"/> ROSETTE RIVETS	<input type="checkbox"/> ALTERED/TAMPERED	<input type="checkbox"/> DISAGREES WITH VIN
<input type="checkbox"/> BODY-RIGHT	<input type="checkbox"/> STAMPED ON FRAME	<input type="checkbox"/> ROUND RIVETS	<input type="checkbox"/> ILLEGIBLE/DAMAGED	<input type="checkbox"/> ILLEGIBLE/DAMAGED
<input type="checkbox"/> ENGINE COMPARTMENT	<input type="checkbox"/> LABEL	<input type="checkbox"/> SCREWS	<input type="checkbox"/> MISSING	<input type="checkbox"/> MISSING
<input type="checkbox"/> TRUNK	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> ADHESIVE	<input type="checkbox"/> CANNOT LOCATE	<input type="checkbox"/> N/A FOR VEHICLE
<input type="checkbox"/> FRAME	_____	<input type="checkbox"/> STAMPED	<input type="checkbox"/> NONE-NEWLY BUILT	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ON ENGINE		<input type="checkbox"/> OTHER _____	<input type="checkbox"/> ASSIGNED BY DMV OFFICE (SEE BELOW)	
<input type="checkbox"/> OTHER _____			<input type="checkbox"/> OTHER _____	

I certify that I have physically inspected the vehicle described above to verify the VIN and found the VIN in the condition indicated.
-And / Or -
I certify by checking one of the LEV boxes above that I am an Oregon licensed dealer with this vehicle in my stock and have checked its under hood emission label to verify compliance with LEV standards.

NAME OF INSPECTOR (PRINTED)	AGENCY or DEALERSHIP
ADDRESS	TELEPHONE # ()
SIGNATURE OF INSPECTOR X	DATE OF INSPECTION
OREGON DEALER NUMBER	RECEIPT NUMBER

★ LAW ENFORCEMENT REFERRAL ★

REASON FOR REFERRAL	DATE OF REFERRAL
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▼ SHADED AREA FOR DMV USE ONLY ▼

I have assigned the following number to the vehicle described above:

ASSIGNED VIN	CONTROL NUMBER
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VIN PLACEMENT: (TO WHAT PART OF THE VEHICLE WAS THE VIN DECAL ATTACHED?)

SIGNATURE OF OREGON DMV REPRESENTATIVE X	COUNTER NUMBER AND DATE
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Remarks:

VERIFICATION OF VEHICLE IDENTIFICATION NUMBER

C.R.S. 24-32-3323, 38-29-122, 42-3-105(I)(c), 42-6-107(I)(b)

ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT

Type of Vehicle ➡

- | | | | |
|------------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Tractor | <input type="checkbox"/> Motor Home | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> SUV | <input type="checkbox"/> Bus | <input type="checkbox"/> Special Mobile Machinery | <input type="checkbox"/> Off-Highway Vehicle |
| <input type="checkbox"/> Truck | <input type="checkbox"/> Trailer | <input type="checkbox"/> Manufactured Home | |

VEHICLE INFORMATION

Vehicle Identification Number (VIN)																
Year	Make				Body				Model				Width		Length	
Color				CWT				GVWR				Print Fuel Type				
License Plate Number								State				Expiration Date				
Temporary Tag Number								State				Expiration Date				

Additional

Vehicle Identification Number

☐ Motor Number

☐ Coach Number

Reason for Inspection:

☐ Out of State

☐ Title correction

☐ Other

(Explain) _____

Verified by:

☐ Manufactured Home Dealer

☐ Licensed Colorado Dealer

Dealer Number _____

☐ Licensed Colorado Emission

Station Number _____

☐ County Assessor (at their discretion)

☐ County Clerk (at their discretion)

☐ Colorado Law Enforcement

☐ Other _____ *

Name of Business or Agency _____

Address _____

City _____

State _____

ZIP Code _____

I certify, under penalty of perjury in the second degree, that I have completed a physical inspection of the vehicle/manufactured home described above and the information is true and correct to the best of my knowledge.

Printed First and Last Name of Inspector _____

Date _____

Signature of Inspector _____

Title _____

COLORADO DEALER STATEMENT CONCERNING AN OUT OF STATE VEHICLE

C.R.S. 42-6-119(3)

Dealer _____

Dealer Number _____

I certify, under penalty of perjury in the second degree, that the vehicle as described above met the following conditions at the time of sale:

- Was free and clear of all liens and encumbrances,
- Was not stolen,
- The dealership has a sure and adequate title to the vehicle; and
- The dealership has the right and authority to sell and transfer this vehicle.

Dealer Agent (printed name) _____

Dealer Agent Signature _____

Date _____

(*Out of state law enforcement, military police or commanding officer)