

APPLICATION FOR REPLACEMENT OR TRANSFER OF VEHICLE TITLE

This application is submitted to the Department of Motor Vehicles (or equivalent state agency) of the State of _____ for the purpose of obtaining a replacement vehicle title or transferring vehicle ownership.

I. VEHICLE INFORMATION

Vehicle Identification Number (VIN): _____
Year: _____
Make: _____
Model: _____
Body Type: _____
License Plate Number (if known): _____
Current Title Number (if known): _____

II. REGISTERED OWNER(S) / APPLICANT(S) INFORMATION

A. Primary Registered Owner / Applicant

Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Driver's License/ID Number: _____
Phone Number: _____
Email Address: _____

B. Secondary Registered Owner / Applicant (if applicable)

Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Driver's License/ID Number: _____
Phone Number: _____
Email Address: _____

III. LIENHOLDER INFORMATION (IF APPLICABLE)

Is there a lien on the vehicle? Yes No

If Yes, provide Lienholder Information: Lienholder Name: _____

Lienholder Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Lien Account Number: _____

IV. REASON FOR APPLICATION

Please select the primary reason for this application: **Replacement Title Request**

Lost Title

Stolen Title

Damaged Title (Please attach the damaged title if available)

Transfer of Ownership

V. DETAILS OF LOST, STOLEN, OR DAMAGED TITLE (IF APPLICABLE)

If requesting a replacement title due to loss, theft, or damage, please provide a brief explanation of the circumstances:

Date of Loss/Theft/Damage (approximate): _____ day of _____, 20 _____

Police Report Number (if applicable for stolen title): _____

VI. TRANSFER OF OWNERSHIP DETAILS (IF APPLICABLE)

If this application is for a transfer of ownership, please complete the following sections: A. Seller Information (if different from Registered Owner(s) above)

Name(s): Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Driver's License/ID Number: _____

B. Buyer InformationName(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License/ID Number: _____

Phone Number: _____

Email Address: _____

C. Sale Details

Date of Sale: _____ day of _____, 20 _____

Purchase Price: \$ _____

D. Odometer Disclosure Statement

Federal and state law requires that you state the mileage in connection with the transfer of ownership.

Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, _____ (Seller's Printed Name), hereby certify that the odometer reading of the vehicle described above is _____ miles.

Check one of the following: I certify that to the best of my knowledge the odometer reading reflects the actual mileage of the vehicle. I certify that the odometer reading reflects mileage in excess of its mechanical limits. I certify that the odometer reading is NOT the actual mileage. **WARNING - ODOMETER DISCREPANCY.****VII. CERTIFICATION AND AFFIRMATION**

I/We, the undersigned, hereby certify under penalty of perjury that all information provided in this application is true, accurate, and complete to the best of my/our knowledge and belief. I/We understand that any false statement made herein may subject me/us to criminal penalties. I/We further understand that this application is subject to review and approval by the Department of Motor Vehicles and that additional documentation may be required.

VIII. SIGNATURES

PRIMARY REGISTERED OWNER / APPLICANT

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

SECONDARY REGISTERED OWNER / APPLICANT (IF APPLICABLE)

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

SELLER (IF DIFFERENT FROM REGISTERED OWNER(S) AND TRANSFERRING OWNERSHIP)

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

BUYER (IF TRANSFERRING OWNERSHIP)

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____