



APPLICATION FOR DUPLICATE CERTIFICATE OF TITLE

FEE \$14.00

APPLICATION SHOULD BE PRESENTED TO ANY DESIGNATED COUNTY OFFICIAL

APPLICATION FOR ORIGINAL CERTIFICATE OF TITLE SHOULD BE MADE ON THE REVERSE SIDE.

The applicant(s) for certified copy of a Certificate of Title is the: Owner(s) Lienholder(s)
of said vehicle, and the Original Certificate of Title has been:

Lost Destroyed Mutilated

Is this vehicle subject to an existing lien? Yes No Name of lienholder: _____

VEHICLE INFORMATION

Title Number _____ Vehicle Identification Number _____

Year _____ Make _____ Model _____

APPLICANT(S) INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Last Name _____ First Name _____ Middle Initial _____

Last Name _____ First Name _____ Middle Initial _____

Address (Street or RR and PO Box) _____ City _____ State _____ Zip _____

Mailing Address (If other than above) _____

NOTARIZATION

The undersigned being duly sworn depose or affirm and say that the information provided on this application is true and complete. Use of a false or fictitious name, knowingly making a false statement or knowingly concealing a material fact in this application can result in a fine or imprisonment or both and cancellation of your certificate of title.

Signature of Applicant _____

Signature of Applicant _____

Signature of Applicant _____

Signature of Applicant _____

Subscribed and sworn before me the _____ day

Subscribed and sworn before me the _____ day

Of _____ .

Of _____ .

Signature Notary Public or Designated County Official _____

Signature Notary Public or Designated County Official _____

My commission expires on _____ .

My commission expires on _____ .

SEAL

SEAL

NOTE: APPLICATION IS VOID UNLESS SIGNED BY APPLICANT(S) AND PROPERLY NOTARIZED.