

Certification of Non-Receipt of Original/Duplicate Title Certificate

This application must be accompanied by a copy of the valid state issued identification(s) of the vehicle owner(s) and any person presenting the application. Please type or print in black ink (except signature).

I/we certify that the original/duplicate title certificate applied for in the name(s) below was never received.

Owner's Name - First	Middle	Last
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Co-Owner's Name - First	Middle	Last
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Street Address

City	County	State	Zip Code
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Make of Vehicle	Vehicle Identification Number	Title Number
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I/we fully understand that the issuance of this duplicate title certificate, at no cost to me, will nullify all title certificates issued previously in my/our name(s), covering the above described vehicle.

I/we further certify that should the original title described come into my/our possession at any time, I/we will return it immediately to the Motor Vehicle Administration for cancellation.

Owner's Signature	Date
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Co-Owner's Signature	Date
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This application requires the signature of the owner(s).

- **If jointly owned, all owners signatures are required.**
- If the owner is a business entity, the person legally authorized to sign must state their capacity after their signature.
- If the owner is a trust, the trustee must sign and state their capacity.

Approved by: _____