

NEW OR CURRENT TITLE NUMBER					N REGISTRATION ONLY NUMBER				
OWNER INFORMATION	I *LEGAL STATUS: 1 (A	AND) 2 (OR)	TER NAME CODE I	N BOX 1 (SAME) 2	(DIFFERENT)	3 (MULTIPLE LAST NA	AMES) 4 (COMPANY) 5	(OVER 25 CHARACTERS	☐ MAO ☐ ILU ☐
LAST NAME	NAME FIRST NAME MIDDLI				LAST NA		FIRST NA		MIDDLE INITIAL
ADDRESS 1 (MAILING)					ADDRES	SS 2 (PHYSICAL)	CITY	STATE	ZIP CODE
CITY		STATE		ZIP CODE	ADDITIO	NAL OWNER			
CNTY OF RESIDENCE/PRINCI		ION PURCHASE DAT	*LEASED] *SERVICE OPT	ions 🔲	FELEPHONE#	PLACARD/HEARI	JNG IMPAIRED CLS/YR	*INSURANCE POLICY#
VEHICLE INFORMATION VIN	N	MAKE MOI	DEL YEAR	BODY	OFFICE USE	ONLY			
VIIN		MAKE MOI	DEL YEAR	BODY	OFFICE USE	ONLY			
LIEN INFORMATION (if I	ien present) ST LIENHOLDER								LIEN DATE
STREET			CITY				STATE		ZIP CODE
LIEN CODE SEC	COND LIENHOLDER								LIEN DATE
STREET			CITY				STATE		ZIP CODE
LESSEE/REGISTRANT	INFORMATION (OWNE	ER OF PLATE)	LEG	GALSTATUS] NAM	ME CODE	мао 🔲	ILU 🔲	
NAME	•	·			NAME				
ADDRESS			CITY				STATE		ZIP CODE
*Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)									
LOST	STOLEN	☐ MUTILA	TED	RETURNED DUE	TO NON DE	LIVERY AL	.TERED	ILLEGIBLE	
Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Vehicle Services Division or its assignees to determine the accuracy of the information provided by me or on my behalf.									
SIGNATURE OF CERTIFIER/OWNER X POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) DATE									
INVOICE NUMBER	ICE NUMBER CO NUMBER I				PLICATION BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (CC				S (COUNTY CLERK)