



MVT 5-9 1/12

ALABAMA DEPARTMENT OF REVENUE  
MOTOR VEHICLE DIVISION  
TITLE SECTION

P.O. Box 327640 • Montgomery, AL 36132-7640

Supporting Document to a  
Mail Order Application For Certificate of Title

THIS FORM MAY BE DUPLICATED OR ADDITIONAL COPIES MAY BE OBTAINED FROM THE DEPARTMENT WEB SITE AT  
[www.revenue.alabama.gov/motorvehicle/mvforms/mvt5\\_9.pdf](http://www.revenue.alabama.gov/motorvehicle/mvforms/mvt5_9.pdf)

Part I

POWER OF ATTORNEY

Date \_\_\_\_\_

I hereby appoint \_\_\_\_\_ of \_\_\_\_\_, Alabama as my  
attorney-in-fact, to apply for a certificate of title and registration for license plates to the motor vehicle described as:

LICENSING OFFICIAL

COUNTY

\_\_\_\_\_  
VEHICLE IDENTIFICATION NUMBER\*      YEAR      MAKE      MODEL

\_\_\_\_\_  
LICENSE PLATE NUMBER      STATE      YEAR

and for said purpose to sign my name and do all things necessary to this appointment.

SIGNATURE OF OWNER

SIGNATURE OF ADDITIONAL OWNER(S)

Part II

CERTIFICATION OF LEGAL RESIDENT

I, \_\_\_\_\_, certify that I am a legal resident of the State of Alabama and  
that my legal Alabama resident address is:

NAME OF APPLICANT

\_\_\_\_\_  
STREET ADDRESS      or      POST OFFICE BOX

Alabama

CITY

COUNTY

STATE

ZIP CODE

and shall be shown as my legal resident address by my attorney-in-fact on an Application For Certificate of Title (form MVT 5-1).  
I certify under penalty of perjury that the above information is true and correct.

FOR DESIGNATED AGENT USE ONLY

**NOTE:** If Resident Address is different from Mailing Address, indicate in space provided on Application For Title (form MVT 5-1).

SIGNATURE OF ALABAMA RESIDENT

PRESENT MAILING ADDRESS

CITY, COUNTY, STATE, ZIP CODE

DATE OF SIGNATURE

★ ★ ★

**NOTE:** Act number 765, passed by Regular Session, 1973 Alabama Legislature, shall be cited as "Alabama Uniform Certificate of Title and Antitheft Act." Section 44, Sub-section (d) of the above Act reads as follows: "A person is guilty of a felony who, with fraudulent intent uses a false or fictitious name or address, or makes a material false statement, or fails to disclose a security interest, or conceals any other material fact, in an application for a certificate of title."

I, the undersigned, have read and understand the above information.

SIGNATURE OF ALABAMA RESIDENT

\*All VINs for 1981 and subsequent year model vehicles that conform to federal anti-theft standards are required to have 17 digits/characters.

**Part III**

**NOTICE OF SECURITY INTEREST**

I am disclosing my Lienholder(s) as follows:

First Lienholder: *(Write "NONE" under name if there are no liens and sign below.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lien Date: \_\_\_\_\_

I, the undersigned, certify that the vehicle to be named in the application for certificate of title is free and clear of all encumbrances or liens except that which is named above.

\_\_\_\_\_  
SIGNATURE OF OWNER(S)

**NOTE:** Failure to disclose a security interest with fraudulent intent is a felony offense.

**Part IV**

**CERTIFICATION OF VEHICLE INSPECTION AND OWNER IDENTIFICATION**

\_\_\_\_\_  
STATE OR FEDERAL LAW ENFORCEMENT AGENCY

\_\_\_\_\_  
NAME OF STATE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
TELEPHONE NO. AND EXTENSION

**VEHICLE INFORMATION:**

\_\_\_\_\_  
MAKE

\_\_\_\_\_  
YEAR

\_\_\_\_\_  
MODEL

\_\_\_\_\_  
BODY TYPE

\_\_\_\_\_  
NO. OF CYLINDERS

\_\_\_\_\_  
VEHICLE IDENTIFICATION NUMBER

\_\_\_\_\_  
COLOR OF VEHICLE

\_\_\_\_\_  
ODOMETER READING

**OWNER IDENTIFICATION:** *(One or all of the following.)*

\_\_\_\_\_  
CURRENT DRIVERS LICENSE NO. AND STATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
OTHER IDENTIFICATION

\_\_\_\_\_  
SIGNATURE OF OWNER(S)

*(Print)*

\_\_\_\_\_  
NAME OF OWNER(S) AS SHOWN ON IDENTIFICATION SOURCE ABOVE

I hereby certify that the vehicle described above was physically inspected by me and the owner(s) as named in Part II (Legal Alabama Resident) of this form and as described above, have been identified by me and I have witnessed the signature(s). I further certify that all the information shown above is true and correct to the best of my knowledge and belief.

*(Print)*

\_\_\_\_\_  
NAME OF INSPECTING OFFICER

\_\_\_\_\_  
SIGNATURE OF INSPECTING OFFICER

\_\_\_\_\_  
BADGE OR IDENTIFYING NUMBER

\_\_\_\_\_  
ADDRESS OF ORGANIZATION