

**APPLICATION FOR:**



- Duplicate Title** (Complete Parts 1 through 3)
- Paperless Title Certification** (Complete Parts 1 through 3)
- Transfer of Title With Duplicate Title** (**Seller** completes Parts 1 through 5, **Buyer** completes Parts 6 through 10, as needed.)
- Transfer of Title With Paperless Title** (**Seller** completes Parts 1 through 5, **Buyer** completes Parts 6 through 10, as needed.)

LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE
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**1. REGISTERED OWNER(S) OF RECORD**

TRUE FULL NAME (LAST, FIRST, MIDDLE)					TRUE FULL NAME (LAST, FIRST, MIDDLE)							
RESIDENCE OR BUSINESS ADDRESS			APT./SPACE NUMBER		CITY		STATE		ZIP CODE		DRIVER LICENSE/ID CARD NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			APT./SPACE NUMBER		CITY		STATE		ZIP CODE		DRIVER LICENSE/ID CARD NUMBER	

**2. LEGAL OWNER OF RECORD (TITLE HOLDER)—Do not enter name of owners above**

NAME OF FIRM OR INDIVIDUAL HAVING A LIEN ON THIS VEHICLE

ADDRESS	APT./SPACE NUMBER	CITY	STATE	ZIP CODE
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**3. MISSING TITLE STATEMENT—WARNING: Issuance of a duplicate title cancels the original title.**

The Certificate of Title issued for this vehicle/vessel is:

Lost     Stolen     Not received     Illegible/Mutilated (*attach old title*)     Paperless Title

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I agree to indemnify and save harmless the Director of Motor Vehicles for any loss suffered resulting from the issuance of said duplicate certificate of title.**

SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER
<b>X</b>		
PRINTED NAME OF OWNER/AGENT SIGNING FOR COMPANY	PRINTED NAME OF LEGAL OWNER	

**4. REGISTERED OWNER(S) RELEASE OF OWNERSHIP AND/OR INTEREST**

I/we release interest in the described vehicle/vessel.

SIGNATURE OF OWNER	DATE	DAYTIME TELEPHONE NUMBER
<b>X</b>		
SIGNATURE OF OWNER	DATE	DAYTIME TELEPHONE NUMBER
<b>X</b>		

**5. LEGAL OWNER OF RECORD RELEASE OF OWNERSHIP AND/OR INTEREST—Signature must be notarized.**

The undersigned lienholder (legal owner of record) certifies release of interest in the vehicle/vessel.

SIGNATURE OF LEGAL OWNER (COMPANY NAME MUST BE COUNTERSIGNED)	PRINTED NAME OF AGENT SIGNING FOR COMPANY	DATE
<b>X</b>		

State of California )  
 County of )  
 On \_\_\_\_\_ before me, \_\_\_\_\_  
 personally appeared \_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)

**\*\*\* THIS SIDE FOR NEW OWNERS \*\*\***

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR/MAKE
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**6. NEW REGISTERED OWNER(S) — Complete transfer within 10 days of taking possession of vehicle/vessel**

PURCHASE PRICE OR IF RECEIVED AS A <input type="checkbox"/> GIFT <i>OR</i> <input type="checkbox"/> TRADE, THE MARKET VALUE	DATE PURCHASED OR ACQUIRED Mo. _____ Day _____ Yr. _____	EQUIPMENT NUMBER
TRUE FULL NAME(S) OF NEW OWNER(S) (AS SHOWN ON DRIVER LICENSE OR ID CARD)		DRIVER LICENSE/ID CARD NUMBER
(LAST) _____	FIRST _____ MIDDLE _____	_____
<input type="checkbox"/> AND (LAST) _____	FIRST _____ MIDDLE _____	DRIVER LICENSE/ID CARD NUMBER
<input type="checkbox"/> OR		
ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.) _____	APT./SPACE NUMBER _____ CITY _____	STATE _____ ZIP CODE _____
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ABOVE) _____	APT./SPACE NUMBER _____ CITY _____	STATE _____ ZIP CODE _____

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I also certify that the owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to Section 1808.21 of the California Vehicle Code.***

SIGNATURE(S) OF ALL NEW OWNER(S)	DATE	DAYTIME TELEPHONE NUMBER
<b>X</b>		
	DATE	DAYTIME TELEPHONE NUMBER
<b>X</b>		

**7. NEW LEGAL OWNER (TITLE HOLDER)**

NAME OF NEW LEGAL OWNER — DO NOT ENTER NAME OF NEW REGISTERED OWNER(S) ABOVE.	ELECTRONIC LIENHOLDER ID NO.
	ELT# _____
STREET OR P.O. BOX ADDRESS _____	APT./SPACE NUMBER _____ CITY _____ STATE _____ ZIP CODE _____

**8. LEASED VEHICLES**

LESSEE ADDRESS (IF DIFFERENT FROM OWNER ADDRESS ABOVE) \_\_\_\_\_

**9. VESSEL OR TRAILER COACH**

VESSEL PRINCIPALLY KEPT AT (ADDRESS OR TRAILER LOCATION) \_\_\_\_\_ COUNTY \_\_\_\_\_

**10. DEALER'S RELEASE OF ACQUIRED VEHICLE**

NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT
<b>X</b>	
NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT
<b>X</b>	
NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT
<b>X</b>	
NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT
<b>X</b>	