



APPLICATION FOR DUPLICATE OR PAPERLESS TITLE

DMV USE ONLY		
DL/ID #	STATE	TECH. INITIALS

Duplicate Title (Complete Sections 1 - 3) Paperless Title Certification (Complete Sections 1 - 3)
 Transfer of Title with Duplicate or Paperless Title (Seller completes Sections 1 - 4, New Owner completes Sections 6 and 7, as needed.)

VEHICLE LICENSE PLATE OR VESSEL CF NUMBER	VEHICLE/HULL IDENTIFICATION NUMBER	YEAR/MAKE OF VEHICLE OR VESSEL BUILDER
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SECTION 1 — REGISTERED OWNER(S) OF RECORD — Please print name as it appears on the Title/Registration.

TRUE FULL NAME (LAST, FIRST, MIDDLE, SUFFIX), BUSINESS NAME, OR LESSOR	DRIVER LICENSE/ID CARD NUMBER	STATE
CO-OWNER TRUE FULL NAME (LAST, FIRST, MIDDLE, SUFFIX)	DRIVER LICENSE/ID CARD NUMBER	STATE
PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., ETC.) APT./SPACE/STE. # CITY	STATE	ZIP CODE
COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE/VESSEL IS PRINCIPALLY GARAGED		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT./SPACE/STE. # CITY	STATE ZIP CODE

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

NAME OF BANK, FINANCE COMPANY, OR INDIVIDUAL HAVING A LIEN ON THIS VEHICLE	ELECTRONIC LIENHOLDER ID NUMBER ELT #
BUSINESS OR RESIDENCE ADDRESS	APT./SPACE/STE. # CITY STATE ZIP CODE

SECTION 3 — MISSING TITLE STATEMENT — WARNING: Issuance of a duplicate title cancels the original title.

If your address is **different** than what appears in the Department's records, you must file this application in person, bring the original or facsimile copy of proof of ownership (i.e. Registration Card or Registration Renewal Notice), and your Driver License or Identification Card. If the title has been replaced within the last 90 days, a CHP vehicle verification is required.

The Certificate of Title issued for this vehicle/vessel is (check box):
 Not Received from Prior Owner Not Received from DMV (Allow 30 days from issue date) Lost Stolen Paperless Title Illegible/Mutilated (Attach old title)

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. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME OF OWNER	SIGNATURE OF OWNER X	DATE	DAYTIME TELEPHONE NUMBER ()
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SECTION 4 — REGISTERED OWNER(S) RELEASE OF OWNERSHIP AND/OR INTEREST

I/we release interest in the described vehicle/vessel. NOTE: The signature of **EACH** owner is required if co-owners are joined by **AND** (shown by / on DMV records). The signature for a company or business **MUST** include the printed name of the company/business and an authorized representative's countersignature on the signature line (e.g., ABC CO., by JOHN SMITH - or - JOSEPH SMITH for ABC CO).

PRINTED NAME OF OWNER	SIGNATURE OF OWNER X	DATE	DAYTIME TELEPHONE NUMBER ()
PRINTED NAME OF OWNER	SIGNATURE OF OWNER X	DATE	DAYTIME TELEPHONE NUMBER ()

SECTION 5 — LEGAL OWNER OF RECORD RELEASE OF OWNERSHIP AND/OR INTEREST — Must be notarized.

The undersigned lienholder (legal owner of record) certifies release of interest in the vehicle/vessel. For vehicles 2 model years old and newer, the legal owner (i.e., bank, finance company, etc.) of record must apply for a duplicate title first, and then release interest on the actual title. This section and the Lien Satisfied (REG 166) form cannot be used.

PRINTED NAME OF AUTHORIZED AGENT SIGNING FOR COMPANY	TITLE OF AUTHORIZED AGENT SIGNING FOR COMPANY	DAYTIME TELEPHONE NUMBER ()
SIGNATURE OF LEGAL OWNER (COMPANY NAME AND AUTHORIZED AGENT'S COUNTERSIGNATURE) X		DATE

NOTARY USE ONLY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____
On _____ before me, _____
(HERE INSERT NAME AND TITLE OF THE OFFICER)

personally appeared _____, who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. (SEAL)
SIGNATURE _____

THIS SIDE FOR NEW OWNERS – EACH NEW OWNER MUST SIGN BELOW
 Complete transfer within 10 days of taking possession of vehicle/vessel.

Must complete vehicle information below:

VEHICLE LICENSE PLATE OR VESSEL CF NUMBER	VEHICLE/HULL IDENTIFICATION NUMBER	YEAR/MAKE OF VEHICLE OR VESSEL BUILDER
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SECTION 6 — NEW REGISTERED OWNER(S) — Print true full name as shown on Driver License/Identification Card.

If the vehicle was purchased or received from a qualified relative [parent/child, grandparent/grandchild, spouse, domestic partner, siblings (must be minors, related by blood or adoption)], a Statement of Facts (REG 256) form, Statement of Use Tax Exemption, must also be submitted. Once registered, to sell, gift, or otherwise transfer ownership, co-owners joined by “AND (I)” require the signature of each owner; co-owners joined by “OR” require the signature of only one owner.

The signature for a company or business MUST include the printed name of the company/business and an authorized representative's countersignature on the signature line (e.g., ABC CO., by JOHN SMITH - or - JOSEPH SMITH for ABC CO.).

DATE PURCHASED OR ACQUIRED Mo. _____ Day _____ Yr. _____	PURCHASE PRICE \$ _____	OR IF RECEIVED AS A GIFT OR TRADE CHECK APPROPRIATE BOX AND WRITE THE MARKET VALUE: <input type="checkbox"/> Gift <input type="checkbox"/> Trade	MARKET VALUE \$ _____
TRUE FULL NAME OF NEW OWNER (LAST, FIRST, MIDDLE, SUFFIX), BUSINESS NAME, OR LESSOR		DRIVER LICENSE/ID CARD NUMBER	STATE
TRUE FULL NAME OF CO-OWNER OR LESSEE (LAST, FIRST, MIDDLE, SUFFIX) <input type="checkbox"/> AND <input type="checkbox"/> OR		DRIVER LICENSE/ID CARD NUMBER	STATE
TRUE FULL NAME OF CO-OWNER OR LESSEE (LAST, FIRST, MIDDLE, SUFFIX) <input type="checkbox"/> AND <input type="checkbox"/> OR		DRIVER LICENSE/ID CARD NUMBER	STATE
PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., ETC.) APT./SPACE/STE. # CITY		STATE	ZIP CODE
COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE/VESSEL IS PRINCIPALLY GARAGED		EQUIPMENT NUMBER (OPTIONAL)	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) APT./SPACE/STE. # CITY		STATE	ZIP CODE
LESSEE ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE)			
VESSEL OR TRAILER COACH PRINCIPALLY KEPT AT (ADDRESS OR LOCATION - IF DIFFERENT FROM PHYSICAL/BUSINESS ADDRESS ABOVE)			COUNTY

The above 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. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE(S) OF ALL NEW OWNER(S) X	DATE	DAYTIME TELEPHONE NUMBER ()
SIGNATURE(S) OF ALL NEW OWNER(S) X	DATE	DAYTIME TELEPHONE NUMBER ()
SIGNATURE(S) OF ALL NEW OWNER(S) X	DATE	DAYTIME TELEPHONE NUMBER ()

SECTION 7 — NEW LEGAL OWNER (LIENHOLDER/TITLE HOLDER) — If none, write “None.”

Attention ELT Legal Owners: ELT # must be shown and the name and address **must** be entered **exactly** as shown on the ELT listing.

TRUE FULL NAME OF BANK/FINANCE COMPANY OR INDIVIDUAL — DO NOT RE-ENTER NAME OF NEW REGISTERED OWNER(S) ABOVE	ELECTRONIC LIENHOLDER ID NO. ELT# _____
PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., ETC.) APT./SPACE/STE. # CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) APT./SPACE/STE. # CITY	STATE ZIP CODE

SECTION 8 — DEALER’S RELEASE OF ACQUIRED VEHICLE

NAME OF DEALERSHIP	NAME OF BUYER	DATE SOLD	R/S NUMBER
SIGNATURE OF DEALER AGENT X	PRINTED NAME OF DEALER AGENT	DEALER NUMBER	SALESPERSON NUMBER
NAME OF DEALERSHIP	NAME OF BUYER	DATE SOLD	R/S NUMBER
SIGNATURE OF DEALER AGENT X	PRINTED NAME OF DEALER AGENT	DEALER NUMBER	SALESPERSON NUMBER