



TENNESSEE DEPARTMENT OF REVENUE
VEHICLE SERVICES DIVISION
DUPLICATE TITLE

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE*	REGISTRATION ONLY NUMBER
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OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 25 CHARACTERS) MAO ILU

LAST NAME	FIRST NAME	MIDDLE INITIAL	LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS 1 (MAILING)			ADDRESS 2 (PHYSICAL)	CITY	STATE
CITY	STATE	ZIP CODE	ADDITIONAL OWNER		

CNTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION	PURCHASE DATE	*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/>	TELEPHONE #	PLACARD/HEARUNG IMPAIRED CLS/YR	*INSURANCE POLICY #
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VEHICLE INFORMATION

VIN	MAKE	MODEL	YEAR	BODY	OFFICE USE ONLY

LIEN INFORMATION (if lien present)

LIEN CODE	FIRST LIENHOLDER	LIEN DATE
STREET		CITY
STATE		ZIP CODE
LIEN CODE	SECOND LIENHOLDER	LIEN DATE
STREET		CITY
STATE		ZIP CODE

LESSEE/REGISTRANT INFORMATION (OWNER OF PLATE) LEGAL STATUS NAME CODE MAO 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)

<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RETURNED DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE
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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
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INVOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)