



TENNESSEE DEPARTMENT OF REVENUE
TAXPAYER AND VEHICLE SERVICES DIVISION
MULTI-PURPOSE APPLICATION

COMPLETE THE SHADED
AREAS TO REQUEST A
DUPLICATE TITLE

| | | | | | | | | | |
|--|---------------------------------|------------------------------------|--|--|------------------------------------|---|---|---|------|
| NEW OR CURRENT TITLE NUMBER | | | TRANSACTION CODE* | | REGISTRATION ONLY NUMBER | | | | |
| OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 25 CHARACTERS) <input type="checkbox"/> MAO <input type="checkbox"/> ILU <input type="checkbox"/> | | | | | | | | | |
| LAST NAME FIRST NAME MIDDLE INITIAL | | | LAST NAME FIRST NAME MIDDLE INITIAL | | | | | | |
| ADDRESS 1 (MAILING) | | | | ADDRESS 2 (PHYSICAL) | | CITY STATE ZIP CODE | | | |
| 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"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | | TELEPHONE # | *PLACARD / HEARING IMPAIRED CLS/YR | *INSURANCE POLICY # | |
| VEHICLE INFORMATION | | | | | | | | | |
| VIN | | MAKE | MODEL | YEAR | BODY | TITLE BRAND - list the appropriate code (N) NEW (1) RECONSTRUCTED VEHICLE (U) USED (2) FLOOD DAMAGE (D) DEMO (3) SPECIALLY CONSTRUCTED (8) PARTS ONLY | CODE | TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4) | CODE |
| SURRENDERED TITLE # | | STATE | PREVIOUS STATES TITLED | VEHICLE USE | VEHICLE TYPE | CURRENT MILEAGE | ODOMETER ACTUAL (8) NOT ACTUAL (8) INDICATOR OVER 10 YRS / 16,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LIMITS (9) | CODE | |
| COLOR CODE (enter appropriate code) UPPER LOWER | | MOBILE HOME LGTH | WDTH | # AXLES | GROSS VEHICLE WEIGHT | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # | |
| PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | | | | | |
| PLATE # (1) | CLASSCODE/ISSUEYR(1)(3) | VALIDATION # (1) | COUNTY STICKER # (1) | CITY STICKER # (1) (2) | *PLATE # (TRADE IN) (2) | CLASS CODE/ISSUE YR (2) | EXPIRATION DATE (1) (2) (3) | | |
| TDS STICKER # (4) | | TEMP OPERATOR PERMIT # (3) | # OF SEATS (5) | ZONE (COUNTY NAME) (6) | | USDOT / REGISTRANT # (7) | | MOTOR CARRIER # (8) | |
| 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 <input type="checkbox"/> NAME CODE <input type="checkbox"/> MAO <input type="checkbox"/> ILU <input type="checkbox"/> | | | | | | | | | |
| NAME | | | | NAME | | | | | |
| ADDRESS | | | CITY | | | STATE | ZIP CODE | | |
| VEHICLE COST / TAX INFORMATION *(required for Title & Registration Transactions) | | | | | | | | | |
| SALE PRICE | | TRADE IN ALLOWANCE | | TAXABLE AMOUNT | | SALESTAX PAID | *TAX EXEMPTION REASON / SALES TAX # | | |
| DEALER NAME | | | DEALER ADDRESS | | | DEALER # | | | |
| * 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"/> RTN'D DUE TO NON DELIVERY | <input type="checkbox"/> ALTERED | <input type="checkbox"/> 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 Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf. | | | | | | | | | |
| SIGNATURE OF CERTIFIER / OWNER | | | | POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) | | | DATE | | |
| INVOICE NUMBER | | COUNTY NAME | | CO NUMBER | DATE OF APPLICATION | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) | | | |
| OFFICE USE ONLY (total fees collected indicated certifies this form as a valid registration) | | | | | | | | | |
| REGISTRATION FEE | CREDIT | LEASE FEE | TRANSACTION FEE | ISSUANCE FEE | TITLE FEE | TOTAL TAX COLLECTED | | | |
| COMPUTATION OF SALES OR USE TAX | | LOCAL RATE | ADDITIONAL TAX | COLLECTED IN STATE OF | COUNTY WHEEL TAX | CITY WHEEL TAX | | | |
| <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | *SERVICE OPT FEE | ORGAN DONOR | POSTAGE | VER | ID / RESIDENCY VERIFICATION | *TOTAL FEES COLLECTED | | | |

INSTRUCTIONS APPLICATION FOR DUPLICATE CERTIFICATE OF TITLE

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION. FAILURE TO PROVIDE ALL INFORMATION MAY RESULT IN YOUR APPLICATION BEING RETURNED.

1. Duplicate Fees: Certificate of Title\$5.00
2. A duplicate Certificate of Title is mailed to the owner's address as shown on the application. In the event there is a lien shown on the records of the Title and Registration Division, the duplicate certificate will be mailed to the lienholder. If the lien has been discharged, the applicant should obtain from the lienholder a Notice of Discharge of Lien. This notice shall accompany applicant's request for a duplicate Certificate of Title.
3. The completed Certification of Duplicate Certificate of Title should be signed and mailed with supporting documentation, if applicable, to the Title and Registration Division, 44 Vantage Way, Suite 160, Nashville, TN 37243-8050, with the required fee.
4. Certification for Duplicate Certificate of Title cannot be used to support an Application for Noting of Lien. If Certificate of Title has been lost, stolen or mutilated, a duplicate must be obtained prior to filing an Application for Noting of Lien.
5. Certification for Duplicate Certificate of Title cannot be used to support an original Application for Certificate of Title. If registered owner's Certificate of Title cannot be secured, a duplicate must be obtained and assigned prior to filing Application for Certificate of Title in new owner's name.

NOTE: To obtain a duplicate Certificate of Registration, submit the request in writing; include our license plate number and decal number, if applicable, with the required fee of \$.50 to the Taxpayer and Vehicle Services Division, 44 Vantage Way, Suite 160, Nashville, TN 37243-8050.

If you have any questions call toll free 1-888-871-3171
From 8:00am to 4:30pm CST Monday through Friday.
Closed Holidays
or visit our website at <http://www.state.tn.us/revenue/>