Fee: \$20.00



Application for Duplicate Certificate of Title

Please complete this application in ink. D lica e i le a e 1/2 ce ed a all f ll e / ice b / anch f ce and a e i i h 1/2 e / iden i ca i n. ed egi e ed ne () Reason for Request (please check one): ☐ Lost ☐ Destroyed ☐ Altered ☐ Mutilated ☐ Misassigned ☐ Returned to State ☐ Other _ The altered, mutilated, or misassigned title is required when making an application for a duplicate. The out-of-state title is required if the original Maryland title was surrendered to another state. Name of Secured Party (Bank, Finance Company, Etc.)_____ Address of Secured Party____ _____Make of Vehicle____ ____Model Year___ Current Maryland Title #___ Vehicle Identification Number _____ Middle _____ Owner's First Name_ ____ Last ___ Driver's License #___ ___ Date of Birth ____Middle____ Co-Owner's First Name ____ Co-Owner's Driver's License #____ Current Resident Address ______ State ______ Zip Code — Please check here if this is a new address. I/we certify, under penalty of perjury, that the statements made herein are true and correct, to the best of my/our knowledge, information, and belief. day of (year) Owner's Signature -— (LS) Co-Owner's Signature — This application requires the owner's signature (if jointly owned, the signatures of both parties are required); a legal officer, if owned by a company or a corporation; a trustee, if the owner is a trust. Please state your capacity after your signature. Penalty for falsifying this application for a title or registration is punishable by a fine up to \$1,000. Addiinalln ⊅cin: ■ The personal representative or legal heir of a deceased owner is required to submit the letters of administration. ■ If the vehicle is jointly owned by spouses and one is deceased, the surviving spouse is required to include a certified copy of the death certificate. ■ A trustee is required to attach a copy of the appointment by court. Plea e d n end ca h. Make check or money order payable to Motor Vehicle Administration. The check must include (1) Imprinted Name and Address. (2) Drivers License Number (Soundex Number), (3) Home and/or Work Phone Number. Y ma eihe,/mail ,/a llicain ih he a lliae fee he M ./Vehicle Admini ,/ain, 6601 Richie High a, N.E., Glen B, nie, Ma,/land 21062, R m 104, /ii ./l cal MVA f ll e,/ice f ce. Im 🗂 /an: Thi Sec in cannl be ed if he lien() a e e / e en (7) ea / ld and ha e been a i ed. "I hereby certify, under penalty of perjury, that the above referenced vehicle lien has been satisfied in full. I further certify that in the event a lien or lienholder is later determined to exist, I will make full restitution to the lienholder and furnish the lien release to the Motor Vehicle Administration (MVA). I further certify that I will defend, indemnify and hold the MVA harmless against any claim from a lienholder or lien as a result of this title being issued." Owner's Co-owner's _____ Date___ Signature_ _ Signature _ Date _ Record examined and issuance approved by: _______ OK to issue and show lien OK to issue without lien (identification provided) Type of Identification provided: _____ Method of Payment: Q C Q CK Q CC Q CV