



Secretary of State
Jocelyn Benson
Michigan.gov/SOS

OUT-OF-STATE RESIDENT DUPLICATE TITLE APPLICATION

MICHIGAN DEPARTMENT OF STATE

PLEASE PRINT OR TYPE INFORMATION REQUESTED

A. Applicant information

| | | | | | |
|--|------|----------------------------|-------------------------------------|--------------------------|-----|
| Vehicle year | Make | Plate number | Vehicle Identification Number (VIN) | Title fee \$15 | |
| Owner name (first, middle, last) | | | | | |
| Street address (Michigan residence) | | Apartment, lot, or suite # | City | State MI | Zip |
| Daytime telephone number () | | Fax number () | | | |
| Out-of-state mailing address | | | City | State | Zip |
| Proof of identity - Owner must provide a photocopy of their valid driver's license or state ID card when applying for a duplicate title. <input type="checkbox"/> I provided a photocopy of my valid driver's license or state ID card. | | | | | |

B. Reason for duplicate title (check one)

☐ Lost ☐ Stolen ☐ Mutilated

C. Secured party information

☐ If adding or removing a lien from the title, an additional \$1.00 fee is due.

| | | | |
|---------------------|----------------------------|----------------------|----------------------------|
| First secured party | Filing date | Second secured party | Filing date |
| | Lienholder ID LH | | Lienholder ID LH |

D. Applicant's signature

My signature below certifies that all statements on this application are true and correct.

APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)

DATE

E. Payment method (check one)

| | | | |
|--|--|----------------------------------|--|
| PAYMENT ENCLOSED <input type="checkbox"/> Check <input type="checkbox"/> Money Order Make payable to "State of Michigan" | CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED) <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA | | NAME AS IT APPEARS ON CREDIT CARD _____ |
| | CREDIT CARD NUMBER _____ | EXPIRATION DATE (MM/YY) _____ | CARDHOLDER'S BILLING ZIP CODE _____ |
| | My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title. | | |
| | _____ SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED) | | _____ DATE |

FAX COMPLETED FORM WITH
CREDIT CARD PAYMENT TO 517-636-5865

OR

MAIL COMPLETED FORM WITH PAYMENT TO: MICHIGAN DEPARTMENT OF STATE
INTERNAL SERVICES SECTION
7064 CROWNER DRIVE
LANSING, MI 48918