



1. Type of Transaction(s): <input type="checkbox"/> Title and Plates <input type="checkbox"/> Title and Transfer <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Single Plate Replacement <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		3. Plate Type Requested		4. Exp. Month		Year			
		Do not write in Validation Area.									
		5. OWNER INFORMATION									
		First		Last		Middle					
		First		Last		Middle					
		Residence/Business Street Address									
City		ZIP		IL							
						6. Owner 1 DL/FEIN #					
						Owner 2 DL/FEIN #					
8. Purchase Date New <input type="checkbox"/> Used <input type="checkbox"/> Month / Day / Year		7. VEHICLE INFORMATION									
		Vehicle Identification Number (VIN)									
9. Current Odometer Reading (No Tenths) <input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input type="checkbox"/> 10 years or older (mileage not required)		Year		Make		Model		Body Style		Color	
		Rebuilt <input type="checkbox"/>		Flood <input type="checkbox"/>		Other Branded Title <input type="checkbox"/> State		MCY C.C.		Mobile Home Sq. Ft.	
10. Surrender Title Number and State # State:		Check if G.V.W.R. over 16,000 pounds (odometer reading not required) Yes <input type="checkbox"/>				Gross Weight (RV, RT, TRK, BUS, TRLR)		For Hire <input type="checkbox"/>		# of Axles	
		11. File Number				12. Unit Number					
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name Street Address City State ZIP						14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date					
15. FIRST LIENHOLDER Name Street Address City State ZIP						16. SECOND LIENHOLDER Name Street Address City State ZIP					
17. TRANSFER INFORMATION Year Make/Model VIN						18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name Dealer # Address					
19. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.						20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing					
22. BENEFICIARY INFORMATION Name Address ZIP Country						21. WHEN REPLACING PLATES, YOU MUST CHECK ONE: <input type="checkbox"/> I wish to be issued a random-number plate. <input type="checkbox"/> I wish to retain my current plate number.					
23. Daytime Phone Number (optional)						25. AUDITOR'S USE ONLY TRP NUMBER Tax Form Number					
24. Signature(s) 1. 2. Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/We hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.						\$		Circle All Attachments: POA, Small Estate, Affidavit, Affirmation, Loan/Lease Agreement, Lien Release, Release of Interest, Death, Note Other(s):			
Circle Quarter: 1st 2nd 3rd 4th											

OFFICE USE ONLY

Verified by CRT ☐ I.D. ☐ REMITTER/DRIVER SERVICES FACILITY STAMP:

CUSTOMER RECEIPT

TRP #:
Date:

Control #: 0725399704