

APPLICATION FOR:

- Duplicate Title** (Complete Parts 1 through 3)
- Paperless Title Certification** (Complete Parts 1 through 3)
- Transfer of Title With Duplicate Title** (**Seller** completes Parts 1 through 5, **Buyer** completes Parts 6 through 10, as needed.)
- Transfer of Title With Paperless Title** (**Seller** completes Parts 1 through 5, **Buyer** completes Parts 6 through 10, as needed.)

LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE
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1. REGISTERED OWNER(S) OF RECORD

TRUE FULL NAME (LAST, FIRST, MIDDLE)					TRUE FULL NAME (LAST, FIRST, MIDDLE)							
RESIDENCE OR BUSINESS ADDRESS			APT./SPACE NUMBER		CITY		STATE		ZIP CODE		DRIVER LICENSE/ID CARD NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			APT./SPACE NUMBER		CITY		STATE		ZIP CODE		DRIVER LICENSE/ID CARD NUMBER	

2. LEGAL OWNER OF RECORD (TITLE HOLDER)—Do not enter name of owners above

NAME OF FIRM OR INDIVIDUAL HAVING A LIEN ON THIS VEHICLE

ADDRESS	APT./SPACE NUMBER	CITY	STATE	ZIP CODE
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3. MISSING TITLE STATEMENT—WARNING: Issuance of a duplicate title cancels the original title.

The Certificate of Title issued for this vehicle/vessel is:

Lost Stolen Not received Illegible/Mutilated (*attach old title*) Paperless Title

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct. I agree to indemnify and save harmless the Director of Motor Vehicles for any loss suffered resulting from the issuance of said duplicate certificate of title.

SIGNATURE		DATE
X		
PRINTED NAME OF OWNER/AGENT SIGNING FOR COMPANY	PRINTED NAME OF LEGAL OWNER	

4. REGISTERED OWNER(S) RELEASE OF OWNERSHIP AND/OR INTEREST

I/we release interest in the described vehicle/vessel.

SIGNATURE OF OWNER	DATE
X	
SIGNATURE OF OWNER	DATE
X	

5. LEGAL OWNER OF RECORD RELEASE OF OWNERSHIP AND/OR INTEREST—Signature must be notarized.

The undersigned lienholder (legal owner of record) certifies release of interest in the vehicle/vessel.

SIGNATURE OF LEGAL OWNER (COMPANY NAME MUST BE COUNTERSIGNED)	PRINTED NAME OF AGENT SIGNING FOR COMPANY	DATE
X		

State of California)
 County of)
 On _____ before me, _____
 personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they) executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

(Seal)

***** THIS SIDE FOR NEW OWNERS *****

LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR/MAKE
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6. NEW REGISTERED OWNER(S) — Complete transfer within 10 days of taking possession of vehicle/vessel

PURCHASE PRICE OR IF RECEIVED AS A <input type="checkbox"/> GIFT OR <input type="checkbox"/> TRADE, THE MARKET VALUE	DATE PURCHASED OR ACQUIRED Mo. _____ Day _____ Yr. _____	EQUIPMENT NUMBER
TRUE FULL NAME(S) OF NEW OWNER(S) (AS SHOWN ON DRIVER LICENSE OR ID CARD) (LAST FIRST MIDDLE)		DRIVER LICENSE/ID CARD NUMBER
<input type="checkbox"/> AND (LAST FIRST MIDDLE) <input type="checkbox"/> OR (LAST FIRST MIDDLE)		DRIVER LICENSE/ID CARD NUMBER
ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)	APT./SPACE NUMBER	CITY STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ABOVE)	APT./SPACE NUMBER	CITY STATE ZIP CODE

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct and that the owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to Section 1808.21 of the California Vehicle Code.

SIGNATURE(S) OF ALL NEW OWNER(S)	DATE	DAYTIME TELEPHONE NUMBER
X		
	DATE	DAYTIME TELEPHONE NUMBER
X		

7. NEW LEGAL OWNER (TITLE HOLDER)

NAME OF NEW LEGAL OWNER — DO NOT ENTER NAME OF NEW REGISTERED OWNER(S) ABOVE.	ELECTRONIC LIENHOLDER ID NO. ELT#
STREET OR P.O. BOX ADDRESS	APT./SPACE NUMBER CITY STATE ZIP CODE

8. LEASED VEHICLES

LESSEE ADDRESS (IF DIFFERENT FROM OWNER ADDRESS ABOVE)

9. VESSEL OR TRAILER COACH

VESSEL PRINCIPALLY KEPT AT (ADDRESS OR TRAILER LOCATION) COUNTY

10. DEALER'S RELEASE OF ACQUIRED VEHICLE

NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER R/S NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT SALESPERSON NUMBER
X	
NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER R/S NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT SALESPERSON NUMBER
X	
NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER R/S NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT SALESPERSON NUMBER
X	
NAME OF BUYER	DATE SOLD
NAME OF DEALERSHIP	DEALER NUMBER R/S NUMBER
SIGNATURE OF DEALER AGENT	PRINTED NAME OF DEALER AGENT SALESPERSON NUMBER
X	
NAME OF BUYER	DATE SOLD