



TENNESSEE DEPARTMENT OF REVENUE  
 VEHICLE SERVICES DIVISION  
 DUPLICATE TITLE

|                  |                   |                          |
|------------------|-------------------|--------------------------|
| NEW TITLE NUMBER | TRANSACTION CODE* | REGISTRATION ONLY NUMBER |
|------------------|-------------------|--------------------------|

OWNER INFORMATION \*LEGAL STATUS: 1 (AND) 2 (OR)  ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 25 CHARACTERS)  MAO  ILU

|           |            |                |           |            |                |
|-----------|------------|----------------|-----------|------------|----------------|
| 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"/> | TELEPHONE # | PLACARD/DISABLED DECAL/HEARING IMPAIRED CLS/YR |
|--|---------------|----------------------------------|---|-------------|--|

VEHICLE INFORMATION

|      |                     |      |      |                 |  |  |
|------|---------------------|------|------|-----------------|--|--|
| VIN  | FORMER TITLE NUMBER |      |      | OFFICE USE ONLY |  |  |
| MAKE | MODEL               | YEAR | BODY |                 |  |  |
|      |                     |      |      |                 |  |  |

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       NAME CODE       MAO       ILU

|      |      |
|------|------|
| NAME | NAME |
|------|------|

|         |      |       |          |
|---------|------|-------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
|---------|------|-------|----------|

\*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"/> RETURNED 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 Vehicle Services Division or its assignees to determine the accuracy of the information provided by me or on my behalf.

|                                   |  |      |
|-----------------------------------|--|------|
| SIGNATURE OF CERTIFIER/OWNER<br>X | 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) |
|----------------|-------------|-----------|---------------------|--|