

Application for Dealer's Duplicate Certificate of Ownership (Fee - \$20.00)

Please print information in ink

Instructions to Dealer: Please use this form only when the original certificate of ownership has not been delivered to the dealership and/or the registered owner of the vehicle has not obtained a duplicate title if the original has been lost, destroyed, altered, mutilated, or mis assigned.

Only licensed Maryland, Delaware, Pennsylvania, Virginia and West Virginia dealers can apply for a dealer duplicate title.

This application will not be accepted if submitted within 10 days of the transaction. Attach to this application; 1. copies of the vehicle buyer's order, identifying the vehicle as a trade-in 2. Signed VR-003 by customer or a signed VR-279 Secure Power of Attorney if the customer has not signed the VR-003. The duplicate title will be mailed to the dealership and will indicate current mileage.

A COPY OF THE OWNER(S) VALID DRIVER'S LICENSE OR STATE ISSUED I.D.(S) IS REQUIRED.

Check reason: Lost Destroyed Altered Mutilated Mis assigned Returned to State (must attach the previous state's title)
Other

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

_____ (no tenths) 1. The mileage stated is in excess of its mechanical limits.
odometer reading 2. The odometer reading is not the actual mileage.

Warning - Odometer Discrepancy

Original Amount of Lien (If no lien write "none" or if lien is satisfied, please attach the lien release) Date of Lien Kind of Lien

Name of Secured Party (Bank, Finance Company, etc.)

Address of Secured Party

Current Maryland Title Number Tag Number Make Year Vehicle Identification Number

Applicant's First Name Middle Last Co-Applicant's First Name Middle Last

Applicant's Driver's License Number Date of Birth Co-Applicant's Driver's License Number Date of Birth

Applicant's Street Address City County State Zip Code

I/we certify, under penalty of perjury, that the statements made are true and correct, to the best of my/our knowledge, information and belief.

This _____ day of _____ (year) _____.

Owner's Signature Co-Owner's Signature

(Must be signed personally by the owner; if joint ownership, signature of each party must appear; if the owner is a business entity, the person legally authorized to sign must state their capacity after their signature.)

Checks or money orders for the application fee, are to be made payable to the MVA. Please include on check: imprinted name and address, driver's license number, and home and/or work phone number. Send application with fee to: Motor Vehicle Administration, 6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062.

Name of Dealership duplicate title is to be mailed to _____ Address _____

Printed Name of Dealer's Authorized Agent _____ Signature _____

For MVA use only

Record examined and issuance approved by: _____ Ok to issue and show lien Ok to issue without lien (identification required)

Type of Identification provided: _____

Method of Payment: C CK CC CV

White Copy - MVA Canary Copy - Customer Pink Copy - Dealer Licensing