

DUPLICATE QUESTIONNAIRE

PLEASE COMPLETE AND RETURN WITH YOUR APPLICATION FOR DUPLICATE TITLE

1) List your full name and date of birth:

FULL NAME:

DATE OF BIRTH:

2) What is your Michigan driver license number (if available)?

3) List your last two Michigan addresses.

a)

b)

4) What is your Michigan license plate number (if available)?

5) When did you purchase the vehicle listed on your duplicate application form?

6) This vehicle was purchased from: (Dealer or Previous Owner's Name)

7) Who financed your vehicle at the time of purchase?

8) Give the name and address of the Michigan insurance company that insured this vehicle.

9) List the date you moved from the State of Michigan.

SIGNATURE OF OWNER _____ DATE _____

Mail this form, your completed application for a title (see TR-11L below), and required fee to:

**Michigan Department of State
Out of State Resident Services Unit
7064 Crowner Drive
Lansing, MI 48918
(517) 322-1473**

Application for Michigan Vehicle Title

TRANSACTION TYPE		PLATE		PLATE EXPIRATION DATE		REG. FEE
YEAR OF VEHICLE	MAKE (i.e. Ford, Chevrolet, Chrysler)		MODEL	VEHICLE IDENTIFICATION NUMBER		TITLE FEE
BODY STYLE (i.e. 2 dr, conv)	FEE CAT/WEIGHT	ODOMETER	OWNER'S DRIVER LICENSE NUMBER	FULL RIGHTS TO SURVIVOR		TAX
OWNER'S NAME (S) AND ADDRESS					REG. TRANSFER	
					Co. Cd.	

FIRST SECURED PARTY	FILING DATE

SECOND SECURED PARTY	FILING DATE

APPLICANT IDENTIFICATION	
<input type="checkbox"/> Owner <input type="checkbox"/> Other Name: _____ I.D. presented: _____	
Reason for Duplicate Title: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated	

LEGAL PAPERS		
TYPE OF DOCUMENT	COUNTY	STATE
COURT	FILE OR DOCKET NUMBER	DATE EXAMINED
BRANCH OFFICE	EXAMINER (Print)	

CLAIM FOR TAX EXEMPTION	USE TAX RETURN	PURCHASE DATE:
REASON: <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div> I certify the tax exemption shown above is valid. Initial box: I certify I own this vehicle and all information on this application is correct to the best of my knowledge.	1. Purchase price or retail value, whichever is greater.	SELLER'S NAME AND ADDRESS:
	2. 6% Tax	
	3. Credit for tax paid to a reciprocal state (proof attached)	
	4. Tax Being Paid	

New Owner's/Applicants' Signature
X
X

Contact a Secretary of State branch office if you do not receive your new title within 60 days

This form or your title must be presented to purchase or transfer plates.

Final determination of the correct tax liability will be made by the Michigan Department of Treasury. You may be required to document your tax return or prove you are entitled to the exemption claimed. If you cannot support your claim, minimum penalties include the added tax, a negligence penalty, plus interest from the date of filing this application. Additional penalties can be imposed including criminal prosecution or assessing up to 175% of the tax due.

EXEMPTION – TRANSFERS BETWEEN RELATIVES: An exemption from use tax is allowed when the new owner is the spouse, father, mother, brother, sister, child, stepparent, stepchild, stepbrother, stepsister, half brother, half sister, grandparent, grandchild, legal ward, or legally-appointed guardian of the previous owner. Documentation proving the relationship may be requested by the Michigan Department of Treasury.

VALIDATION:

AMOUNT RECEIVED	CHANGE

Special Mailing of Certificate of Title

As the owner of the vehicle or watercraft described on the accompanying title application, I direct the Michigan Department of State to mail or release my new title to the party listed on this form.

I understand that if this party is a lienholder, any duplicate title will also be sent to the lienholder until the lien is terminated.

Mail or Release Title To:

Name		
Street Address		
City	State	Zip

 X

Signature of Owner

Description of vehicle or watercraft as shown on application:

Year	Make	Vehicle Identification No.