

## **OUT-OF-STATE RESIDENT DUPLICATE TITLE APPLICATION**

## MICHIGAN DEPARTMENT OF STATE

PLEASE **PRINT** OR **TYPE** INFORMATION REQUESTED

We include year   Make   Make	A. Applicant information										
Street address (Michigan residence)  Apartment, lot, or suite # City State   Zip    Daytime telephone number   Fax number	Vehicle year	Make		Plate number		Vehicle Identification	on Number	(VIN)		Title fee	
Street address (Michigan residence)  Apartment, lot, or suite # City State										\$15	
Daystime telephone number (	Owner name (first, middle, last)										
Daystime telephone number (											
Daytime telephone number ( )   City   State   Zip    Out-of-state mailing address   City   State   Zip    Proof of identity - Owner must provide a photocopy of their valid driver's license or state ID card when applying for a duplicate title.    I provided a photocopy of my valid driver's license or state ID card when applying for a duplicate title.    B. Reason for duplicate title (check one)      Lost	Street address (Michigan residence)				Apartment, lot, or	suite #	City	State	Zip		
City State 2/p  Proof of identity - Owner must provide a photocopy of their valid driver's license or state ID card when applying for a duplicate title.    I provided a photocopy of my valid driver's license or state ID card.    B. Reason for duplicate title (check one)    Lost								MI			
Proof of identity - Owner must provide a photocopy of their valid driver's license or state ID card when applying for a duplicate title.  I provided a photocopy of my valid driver's license or state ID card.  B. Reason for duplicate title (check one)  Lost   Stolen   Mutilated  C. Secured party information  If adding or removing a lien from the title, an additional \$1.00 fee is due.  Filing date   Second secured party   Filing date  Lienholder ID   Lienholder ID   Lienholder ID    LH   LH    D. Applicant's signature  My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)   DATE  E. Payment method (check one)  PAYMENT ENCLOSED   CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)   NAME AS IT APPEARS ON CREDIT CARD    Money Order   Make payable to "State of Michigan"   CARDHOLDER'S BILLING ZIP CODE    My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)   DATE	Daytime telephone number					Fax number					
Proof of identity - Owner must provide a photocopy of their valid driver's license or state ID card when applying for a duplicate title.  I provided a photocopy of my valid driver's license or state ID card.  B. Reason for duplicate title (check one)  Lost   Stolen   Mutilated  C. Secured party information  If adding or removing a lien from the title, an additional \$1.00 fee is due.  Filing date   Second secured party   Filing date  Lienholder ID   Lienholder ID   Lienholder ID    LH   LH    D. Applicant's signature  My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)   DATE  E. Payment method (check one)  PAYMENT ENCLOSED   CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)   NAME AS IT APPEARS ON CREDIT CARD    Money Order   Make payable to "State of Michigan"   CARDHOLDER'S BILLING ZIP CODE    My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)   DATE								City	Ct-t-	7:	
I provided a photocopy of my valid driver's license or state ID card.  B. Reason for duplicate title (check one)  Lost   Stolen   Mutilated  C. Secured party information   If adding or removing a lien from the title, an additional \$1.00 fee is due. First secured party   Filing date   Second secured party   Filing date   Lienholder ID   Lienholder ID   Lienholder ID	Out-or-state mailing address						City	State	ZIP		
I provided a photocopy of my valid driver's license or state ID card.  B. Reason for duplicate title (check one)  Lost   Stolen   Mutilated  C. Secured party information   If adding or removing a lien from the title, an additional \$1.00 fee is due. First secured party   Filing date   Second secured party   Filing date   Lienholder ID   Lienholder ID   Lienholder ID	Proof of identity. Owner must provide a photocopy of their valid driver's license or state ID card when applying for a duplicate title										
B. Reason for duplicate title (check one)    Lost											
C. Secured party information  If adding or removing a lien from the title, an additional \$1.00 fee is due.  First secured party  Filing date  Lienholder ID  Lienholder ID											
C. Secured party information  If adding or removing a lien from the title, an additional \$1.00 fee is due.  First secured party  Filing date  Lienholder ID  LH  D. Applicant's signature  My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  E. Payment method (check one)  PAYMENT ENCLOSED  CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)  Make payable to "State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE	B. Reason for duplicate title (check one)										
If adding or removing a lien from the title, an additional \$1.00 fee is due.  First secured party  Filing date  Second secured party  Filing date  Lienholder ID  LH  LH  D. Applicant's signature  My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  E. Payment method (check one)  PAYMENT ENCLOSED  CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)  Amex  Discover  MasterCard  VISA  CREDIT CARD NUMBER  CREDIT CARD NUMBER  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE				Lost	Sto	len	□ Мі	utilated			
Filing date  Lienholder ID  LH  Lienholder ID  LH  LH  D. Applicant's signature  My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  E. Payment method (check one)  PAYMENT ENCLOSED  CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)  Money Order  Make payable to  "State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  Filing date  Lienholder ID  LH  LH  LH  APPLICANT'S SIGNATURE  DATE  Filing date  Lienholder ID  LH  LH  LH  APPLICANT'S SIGNATURE ARE NOT ACCEPTED)  DATE	C. Secured party information										
Filing date  Lienholder ID  LH  Lienholder ID  LH  LH  D. Applicant's signature  My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  E. Payment method (check one)  PAYMENT ENCLOSED  CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)  Money Order  Make payable to  "State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  Filing date  Lienholder ID  LH  LH  LH  APPLICANT'S SIGNATURE  DATE  Filing date  Lienholder ID  LH  LH  LH  APPLICANT'S SIGNATURE ARE NOT ACCEPTED)  DATE	If adding or removing a lien from the title, an additional \$1.00 fee is due.										
Lienholder ID  LH  LH  D. Applicant's signature  My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  E. Payment method (check one)  PAYMENT ENCLOSED  CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)  Money Order  Make payable to "State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE									g date		
D. Applicant's signature  My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  E. Payment method (check one)  PAYMENT ENCLOSED  CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)  Money Order  Make payable to "State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE			Ŭ								
D. Applicant's signature  My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  E. Payment method (check one)  PAYMENT ENCLOSED  CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)  Money Order  Make payable to  "State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE			Lienholder ID			Lien			holder ID		
My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  E. Payment method (check one)  PAYMENT ENCLOSED CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED) NAME AS IT APPEARS ON CREDIT CARD CREDIT CARD NUMBER SIGNATURE Delow authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE		LH			LH			I			
My signature below certifies that all statements on this application are true and correct.  APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE  E. Payment method (check one)  PAYMENT ENCLOSED CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED) NAME AS IT APPEARS ON CREDIT CARD CREDIT CARD NUMBER SIGNATURE Delow authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE											
APPLICANT'S SIGNATURE (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  E. Payment method (check one)  PAYMENT ENCLOSED CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED) NAME AS IT APPEARS ON CREDIT CARD CREDIT CARD NUMBER CARDHOLDER'S BILLING ZIP CODE duplicate vehicle title. SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED) DATE	,, -										
E. Payment method (check one)  PAYMENT ENCLOSED CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED) NAME AS IT APPEARS ON CREDIT CARD Amex Discover MasterCard VISA CREDIT CARD NUMBER CREDIT CAR											
E. Payment method (check one)  PAYMENT ENCLOSED CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED) NAME AS IT APPEARS ON CREDIT CARD Amex Discover MasterCard VISA CREDIT CARD NUMBER CREDIT CAR											
PAYMENT ENCLOSED  Check  Money Order  Make payable to  "State of Michigan"  CREDIT CARD PAYMENT (A NOMINAL PROCESSING FEE MAY BE CHARGED)  NAME AS IT APPEARS ON CREDIT CARD  NAME AS IT APPEARS ON CREDIT CARD  EXPIRATION DATE (MM/YY)  CARDHOLDER'S BILLING ZIP CODE  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE											
Check Money Order Make payable to "State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  CARDHOLDER'S BILLING ZIP CODE EXPIRATION DATE (MM/YY)  CARDHOLDER'S BILLING ZIP CODE EXPIRATION DATE (MM/YY)  CARDHOLDER'S BILLING ZIP CODE EXPIRATION DATE (MM/YY)  DATE  DATE											
Make payable to "State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  EXPIRATION DATE (MM/YY)  CARDHOLDER'S BILLING ZIP CODE  EXPIRATION DATE (MM/YY)  CARDHOLDER'S BILLING ZIP CODE  DATE	l —	D									
Make payable to "State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE											
"State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE	Money O	ey Order Card Number Expiration Date (MM/YY) CARDHOLDER'S BILLING							ILLING ZIP CODE		
"State of Michigan"  My signature below authorizes the Michigan Department of State to charge my account for the duplicate vehicle title.  SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE	Make payab	e payable to									
SIGNATURE OF CARDHOLDER (ADOBE SOFTWARE SIGNATURES ARE NOT ACCEPTED)  DATE											
		- auplicate venicie titie.									
TAY COMPLETED FORM MUTU											

FAX COMPLETED FORM WITH CREDIT CARD PAYMENT TO 517-636-5865

OF

MAIL COMPLETED FORM WITH PAYMENT TO: MICHIGAN DEPARTMENT OF STATE

MICHIGAN DEPARTMENT OF STATI INTERNAL SERVICES SECTION 7064 CROWNER DRIVE LANSING, MI 48918