Michigan Department of State Out-of-State Resident Duplicate Title Application

Applicant Instructions

Please complete all sections below and sign your name on the signature line at the bottom of this application.

VEHICLE YR	MAKE	PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	TITLE FEE $15.00
MICHIGAN DRIVER LICENSE NUMBER				

OWNER NAME (First, Middle, Last)		
STREET ADDRESS (Michigan Residence)		
CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER ( )	FAX NUMBER ( )	

FIRST SECURED PARTY	FILING DATE	SECOND SECURED PARTY	FILING DATE

APPLICANT'S OUT-OF-STATE MAILING ADDRESS

OWNER NAME (First, Middle, Last)		
STREET ADDRESS (Out-Of-State Mailing Address)		
CITY	STATE	ZIP CODE

REASON FOR DUPLICATE TITLE: Check one.

☐ Lost ☐ Stolen ☐ Mutilated

My signature below certifies that all statements on this application are true and correct.

X_____ _____/_____/_____

Actual Signature of Owner / Adobe software signatures are not accepted. **Date**

PAYMENT METHOD: Check one.

☐ $15.00 Check or Money Order payable to the State of Michigan: Mail with completed application to:

Michigan Department of State
Special Services Branch
7064 Crowner Drive
Lansing, MI 48918

☐ Credit Card: You may **fax** this completed application to: **517-322-5438** or mail to the address above.

☐ VISA ☐ MasterCard ☐ Discover

Name on Credit Card (Please Print) _____

Credit Card Number: _____/_____/_____/_____ **Expiration Date:** _____/_____
Month Year

My signature below authorizes the Michigan Department of State to charge my credit card account for the duplicate vehicle title.

X_____ _____/_____/_____

Actual Signature of Credit Card Holder / Adobe software signatures are not accepted. **Date**