



Out-of-State Resident Duplicate Title Application

Customer information:

Vehicle owner name (first, middle, last): _____

Phone number: _____ Email: _____

Michigan address: _____ City: _____ ZIP code: _____

The vehicle owner must provide a photocopy of their valid driver's license or state ID card with this application.

Out-of-state address (required): ***MUST BE INCLUDED IN ORDER TO PROCESS***

Street address: _____ Apt number: _____

City: _____ State: _____ ZIP code: _____

Vehicle information:

Vehicle year: _____ Make: _____ Plate number: _____

Vehicle identification number (VIN): _____

Reason for duplicate title (select one):

Please verify that this is NOT an electronic title before submission. There is a duplicate title fee of **\$15.00**.

Lost

Stolen

Mutilated

Secured party information (if applicable):

First secured party:	Filing date:	Second secured party:	Filing date:
	_____		_____
	Lienholder ID:		Lienholder ID:
	LH _____		LH _____

An additional **\$1.00** fee is due when removing a lien from a title. A *signed termination statement (discharge of lien)* from the lienholder must be included with this application.

My signature below certifies that all statements on this application are true and correct. My signature below also authorizes the Michigan Department of State to charge my account for the applicable fees.

Applicant's signature: _____ **Date:** _____

Payment information: (A processing fee will be charged.)

Credit card provider: AMEX DISCOVER MASTERCARD VISA

Credit card number: _____ **Total fees:** _____

Cardholder name: _____ Expiration date (mm/yy): _____

Cardholder signature: _____ Cardholder billing ZIP code: _____

Please fax this application to (517) 636-5865 or mail it to: Michigan Department of State, Internal Services Section, 7064 Crouner Dr, Lansing, MI, 48918. Dealers and other businesses are required to mail the application.

Please allow **five (5) business days** for processing. If after 5 business days, your card has not been charged, please contact our office at 517-636-5872. Personally identifiable information collected on this form is limited to what's needed to complete your transaction. For other ways your information may be used, visit www.Michigan.gov/sos/policies.