

Application for Duplicate Certificate of Title **Fee: \$20.00**

Please complete this application in ink.

Duplicate titles are processed at all full service branch offices and are issued to registered owner(s) with proper identification.

Reason for Request (please check one):

Lost Destroyed Altered Mutilated Misassigned Returned to State Other _____

The altered, mutilated, or misassigned title is required when making an application for a duplicate. The out-of-state title is required if the original Maryland title was surrendered to another state.

Name of Secured Party
 (Bank, Finance Company, Etc.) _____

Address of Secured Party _____

Current Maryland Title # _____ Make of Vehicle _____ Model Year _____

Vehicle Identification Number _____

Owner's First Name _____ Middle _____ Last _____

Driver's License # _____ Date of Birth _____

Co-Owner's First Name _____ Middle _____ Last _____

Co-Owner's Driver's License # _____ Date of Birth _____

Current Resident Address _____

City _____ State _____ Zip Code _____

Please check here if this is a new address.

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

This _____ day of _____ (year) _____

Owner's Signature _____ (LS) Co-Owner's Signature _____ (LS)

This application requires the owner's signature (if jointly owned, the signatures of both parties are required); a legal officer, if owned by a company or a corporation; a trustee, if the owner is a trust. Please state your capacity after your signature.

Penalty for falsifying this application for a title or registration is punishable by a fine up to \$1,000.

Additional Instructions:

- The personal representative or legal heir of a deceased owner is required to submit the letters of administration.
- If the vehicle is jointly owned by spouses and one is deceased, the surviving spouse is required to include a certified copy of the death certificate.
- A trustee is required to attach a copy of the appointment by court.

Please do not send cash. Make check or money order payable to Motor Vehicle Administration. The check must include (1) Imprinted Name and Address. (2) Drivers License Number (Soundex Number), (3) Home and/or Work Phone Number.

You may either mail your application with the appropriate fees to the Motor Vehicle Administration, 6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062, Room 104, or visit your local MVA full service office.

Important: This Section can only be used if the lien(s) are over seven (7) years old and have been satisfied.

"I hereby certify, under penalty of perjury, that the above referenced vehicle lien has been satisfied in full.

I further certify that in the event a lien or lienholder is later determined to exist, I will make full restitution to the lienholder and furnish the lien release to the Motor Vehicle Administration (MVA). I further certify that I will defend, indemnify and hold the MVA harmless against any claim from a lienholder or lien as a result of this title being issued."

Owner's Signature _____ Date _____ Co-owner's Signature _____ Date _____

For MVA use only

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

Type of Identification provided: _____

Method of Payment: C CK CC CV