

**TITLE APPLICATION**

**VEHICLE SECTION**

YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE
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**OWNER SECTION**

Owner 1 ID # \_\_\_\_\_ Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name \_\_\_\_\_

Owner 2 ID # \_\_\_\_\_ Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name \_\_\_\_\_

Residence Address (Individual) Business Address (Firm) \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tax County \_\_\_\_\_

Mail Address (if different from above) \_\_\_\_\_

**LIEN SECTION**

FIRST LIEN		SECOND LIEN	
Date of Lien	ACCOUNT #	Date of Lien	ACCOUNT #
Lienholder ID# _____	Lienholder Name _____	Lienholder ID# _____	Lienholder Name _____
Address _____		Address _____	
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____	

**CHECK Appropriate Block/s**

- |   |   |
|---|---|
| <input type="checkbox"/> Title Only -- Vehicle Not in Operation               | <input type="checkbox"/> Exchanged Plate No. _____  |
| <input type="checkbox"/> Title and License<br>Class of License _____          | <input type="checkbox"/> Replaced Plate No. _____   |
| <input type="checkbox"/> Plate No. Transferred _____<br>Expiration Date _____ | <input type="checkbox"/> Truck Weight desired _____ |

ODOMETER READING

I certify for the motor vehicle described above that I have financial responsibility as required by law.

Insurance company authorized in N.C. \_\_\_\_\_ Policy Number \_\_\_\_\_

Date First Operated in N.C.	State of Last Registration	Passenger Capacity	N.C. Dealer No.	Empty Weight	Combined Gross Weight of Truck or Truck-Tractor with Trailer
Purchased <input type="checkbox"/> New <input type="checkbox"/> Used	Purchased for Use in N.C. <input type="checkbox"/> Yes <input type="checkbox"/> No	From Whom Purchased (Name and address)			Purchase Date
Is This Vehicle Leased? If Yes, Attach Form 330	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment #			SALES PRICE

**DISCLOSURE SECTION**

All motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked.

I (We) would like the personal information contained in this application to be available for disclosure.

**APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.**

I (we) am (are) the owner(s) of the vehicle described on this application and request that a North Carolina Certificate of Title be issued. I (we) certify that the information on the application is correct to the best of my (our) knowledge. The vehicle is subject to the liens named and no others. If a registration plate is issued or transferred, I (we) further certify that there has not been a registration plate revocation and that liability insurance is in effect on this vehicle on the date of this application as required by the North Carolina Financial Security Act of 1957.

OWNER'S SIGNATURE \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ My commission expires \_\_\_\_\_

(SEAL)

Notary Public \_\_\_\_\_