

# APPLICATION(S) FOR CERTIFICATE OF TITLE TO A MOTOR VEHICLE

## (Type or Print in Ink)

CHECK TYPE OF APPLICATION(S) Fee of \$5.00 for failure to apply for title within 30 days of assignment.

PRIMARY APPLICANT'S NAME	SSN/EIN
PRIMARY APPLICANT'S ADDRESS	
SECONDARY APPLICANT'S NAME	SSN/EIN
SECONDARY APPLICANT'S ADDRESS	

Hereby declares under penalty of perjury that he/she is the lawful (owner/purchaser/lien holder) of the following described motor vehicle and hereby makes application for the following:

ORIGINAL CERTIFICATE OF TITLE Evidence of ownership \_\_\_\_\_  
MCO, Previous Title No., Registration, etc.

Applicant acquired said motor vehicle by (state how acquired) \_\_\_\_\_  
from: Name of Previous Owner \_\_\_\_\_  
Address of Previous Owner \_\_\_\_\_

The following is a full statement of all liens on said motor vehicle. If no lien state "none", if more than one lien, attach statement of **all additional liens**.

Lien Holder \_\_\_\_\_ Address \_\_\_\_\_

DUPLICATE CERTIFICATE OF TITLE

Applicant states that Certificate of Title Number \_\_\_\_\_ has been \_\_\_\_\_ ;  
that said motor vehicle has not been sold or disposed of except as stated below: \_\_\_\_\_ lost, stolen, destroyed

The vehicle is on the possession of \_\_\_\_\_  
residing at \_\_\_\_\_ and that if said Certificate of Title be hereby  
recovered by this applicant he will deliver same to the Clerk of Courts for cancellation.

The following is a full statement of all liens on said motor vehicle. If no lien state "none", if more than one lien, attach statement of **all additional liens**.

Lien Holder \_\_\_\_\_ Address \_\_\_\_\_

REPLACEMENT CERTIFICATE OF TITLE for Certificate of Title Number \_\_\_\_\_

MEMORANDUM CERTIFICATE OF TITLE for Certificate of Title Number \_\_\_\_\_

SALVAGE CERTIFICATE OF TITLE

Applicant states that the original Certificate of Title Number \_\_\_\_\_  
has been surrendered to the Clerk of Courts.

YEAR	VIN	MODEL
BODY TYPE	MAKE	CONVERSION
PURCHASE PRICE \$	TRADE IN AMOUNT \$	SALES/USE TAX \$
VENDOR'S NUMBER	PERMIT NUMBER	SALES CREDIT AMOUNT \$
CONDITION OF VEHICLE (Check only one) <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> WRECKED		
TAX EXEMPTION: <input type="checkbox"/> YES REASON _____		

**Warning:** You are required by law to state the true selling price. A false statement is in violation of section 2921.13 of the Ohio Revised Code and is punishable by six months imprisonment and a fine of up to one thousand dollars or both. All transfers are audited by the Department of Taxation. The seller and buyer must provide any information requested by the Department of Taxation. The buyer may be assessed any additional tax found to be due.

Applicant's signature \_\_\_\_\_

Sworn to and subscribed in my presence by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

(Seal)

Clerk, Deputy of Clerk of Courts - Notary \_\_\_\_\_