

1. Type of transaction(s): <input type="checkbox"/> Title and Plates <input type="checkbox"/> Title and Transfer <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Single Plate Replacement <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:	2. Current Plate Number 3. Plate Type Requested 4. Exp. Month Year Do not write in Validation Area. 5. OWNER INFORMATION First Last Middle First Last Middle Residence/Business Street Address City ZIP IL 6. Owner 1 DL/FEIN # Owner 2 DL/FEIN # 7. VEHICLE INFORMATION Vehicle Identification Number (VIN) 8. Purchase Date New <input type="checkbox"/> Used <input type="checkbox"/> Month / Day / Year Year Make Model Body Style Color 9. Current Odometer Reading (No Tenths) <input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input type="checkbox"/> 10 yrs. or older (mileage not required) Text Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State _____ MCY C.C. Mobile Home Sq. Ft. Rental Leased <input type="checkbox"/> <input type="checkbox"/> Check if G.V.W.R. Over 16,000 lbs. Gross Weight (RV, RT, TRK, For Hire # of Axles (odometer reading not required) Yes <input type="checkbox"/> BUS, TRLR) <input type="checkbox"/> 10. Surrender Title Number and State # State: 11. File Number 12. Unit Number 13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) 14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Name Insurance Company Name Street Address (Do not list agent) City State ZIP Policy Number Expiration Date 15. FIRST LIENHOLDER 16. SECOND LIENHOLDER Name Name Street Address Street Address City State ZIP City State ZIP 17. TRANSFER INFORMATION 18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Year Make/Model Name Dealer # VIN Address 19. REASON(S) FOR CORRECTED OR DUPLICATE TITLE 20. REASON FOR REPLACEMENT PLATES/STICKER State all reasons for corrections or duplication. <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing 21. WHEN REPLACING PLATES, YOU MUST CHECK ONE: <input type="checkbox"/> I wish to be issued a random-number plate. <input type="checkbox"/> I wish to retain my current plate number. 23. Daytime Phone Number (optional) 22. 24. Signature(s) 1. 2. 2. 25. AUDITOR'S USE ONLY Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller. TRP NUMBER Tax Form Number \$ Circle All Attachments: POA, Small Estate, Affidavit, Affirmation, Loan/Lease Agreement, Lien Release, Release of Int., Death, Note Other(s):
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STAPLE HERE

OFFICE USE ONLY

Verified by CRT I.D. REMITTER/DRIVER SERVICES FACILITY STAMP:

CUSTOMER RECEIPT

TRP # _____
 Date: _____

Control # **0678775663**