

North Carolina Division of Motor Vehicles
TITLE APPLICATION

CHECK Appropriate Block/s (Application cannot be processed without certification of services)

- | | | |
|---|--|---|
| <input type="checkbox"/> Title Only – Vehicle Not in Operation | <input type="checkbox"/> Truck Weight Desired _____
(This includes the truck, trailer and load) | For Hire Vehicle
<input type="checkbox"/> Yes or <input type="checkbox"/> No |
| <input type="checkbox"/> Title and License Plate
Class of License _____ | <input type="checkbox"/> Plate No. Transferred _____
(List Plate Number and Expiration) | |
| <input type="checkbox"/> Inoperable Vehicle – Vehicle substantially disassembled
and unfit or unsafe to be operated on the highway | <input type="checkbox"/> Limited Registration Plate
(When property taxes are deferred) | |

I certify that all the above information is correct. _____ (Customer's Initials)

VEHICLE SECTION

YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE	ODOMETER READING
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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 _____

Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block: **Yes** **No**

Residence Address (Individual) Business Address (Firm) _____ City and State _____ Zip Code _____

Mail Address (if different from above) _____ City and State _____ Zip Code _____

Vehicle Location Address (if different from residence address above) _____ City and State _____ Zip Code _____ Tax County _____

LIEN SECTION

<u>FIRST LIEN</u>		<u>SECOND LIEN</u>	
Date of Lien	Account #	Date of Lien	Account #
Lienholder ID #	Lienholder Name	Lienholder ID #	Lienholder Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Purchased <input type="checkbox"/> New <input type="checkbox"/> Used	Purchase Date _____	From Whom Purchased (Name and Address) _____	N.C. Dealer No. _____	Is this vehicle leased? If Yes, Attach Form MVR-330 <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment # _____
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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 _____
Date _____ County _____ State _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____ (name(s) of principal(s)).

Notary Signature _____ Notary Printed or Typed Name _____

(SEAL)

My Commission Expires _____