

There is a 15-day mandatory waiting period after an application for duplicate title is received by the Division of Motor Vehicles before a certificate of title can be issued. Mail to: NCDMV, 3148 Mail Service Center, Raleigh, NC 27697-3148.

VEHICLE DESCRIPTION

Title Number _____

Year _____ Make _____ Body Style _____ Series Model _____

Vehicle Identification Number _____ Fuel Type _____

Name of Registered Owner(s) _____
First Name Middle Name Last Name

Residential Address _____ City _____ State _____ Zip Code _____ County _____

Mailing Address _____
(IF DIFFERENT FROM ABOVE)Vehicle Location Address _____
(IF DIFFERENT FROM ABOVE)**LIEN RECORD AS SHOWN ON ORIGINAL TITLE**First Lien _____
Date Lien Holder AddressSecond Lien _____
Date Lien Holder AddressThird Lien _____
Date Lien Holder Address**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.

CHECK APPLICABLE BLOCK

- ☐ Application for Duplicate Certificate of Title and Assignment by Registered Owner
☐ Application for Duplicate Certificate of Title as Recorded
☐ Application for Duplicate Certificate of Title and Removal of Lien

If original title was issued subject to a lien and it has been satisfied, lien holder must certify to that effect.

I (we), the registered owner(s) of the above described vehicle, hereby make application for a duplicate certificate of title and certify that the original has been:
 (Check applicable block) ☐ Lost ☐ Never Received

I understand that upon issuance of the duplicate, the original title becomes void and that I am required to return the original title to the Division of Motor Vehicles immediately should it be found.

Current Odometer Reading _____

I (we) certify that the information on the application is correct to the best of my (our) knowledge.

Signature(s) of registered owner(s) _____

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 _____

AFFIDAVIT OF FIRST LIEN HOLDER

I (we), support the application for a duplicate certificate of title covering the above described vehicle and certify that the original title was:

(CHECK APPLICABLE BLOCK) ☐ Title lost while in my possession; lien has been satisfied ☐ Lost while in my possession
☐ Never Received ☐ Surrendered to _____ upon payment of lien in full.

Lien holder's signature by: _____

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 _____

The duplicate title will be issued subject to such liens as were recorded on the last title and mailed to the first lien holder of record, unless lien release is submitted. The lien holder may apply for a duplicate title, without the signature(s) of the registered owner(s), if the original title was lost while in the lien holder's possession. When a title, mailed to a lien holder by the Division of Motor Vehicles, is not received, affidavits by the registered owner(s) and lien holder(s) are required in order to obtain a duplicate title.