

**Affidavit in Lieu of a Title**

Purpose: Use this form to certify the unavailability of a Maryland Certificate of Title for a vehicle acquired through a dealer trade in. Please Complete this form in its entirety.

This form will not be accepted for out-of-state Certificates of Title. If an older version of this title is received, it must accompany this application.

**Vehicle Owner Information**

Previous Vehicle Owner		Previous Co-Owner	
Owner's Soundex	Date of Birth	Co-Owner's Soundex	Date of Birth

**Vehicle Information**

Title Number	Year	Make	Model	Body Style	Color	Vehicle Identification Number (VIN)
--------------	------	------	-------	------------	-------	-------------------------------------

Lienholder Name: \_\_\_\_\_ Lien Released Yes No

We are unable to present the current Maryland Certificate of Title with respect to the vehicle described above because the Title is: Defective Lost Destroyed

<p align="center"><b>Odometer Disclosure</b></p> <p>Odometer reading: _____ (No Tenths)</p> <p><b>Warning - Odometer Discrepancy</b></p> <p>1. The mileage stated is in excess of its mechanical limits.</p> <p>2. The odometer reading is not the actual mileage.</p>	Dealer Name (Print)
	Dealer Number

**Certification**

I solemnly affirm, under penalties of perjury and upon personal knowledge, the contents of the foregoing document are true and correct to the best of my knowledge and/or belief.

I further certify that should any legal action arise as a result of issuing a certificate of title, my application for same herein described, we hereby bind ourselves, our heirs, assigns and personal representatives to indemnify and hold harmless the Maryland Motor Vehicle Administration for any loss or damage which may be asserted against it, or which may be sustained as a result thereof.

Any willful misinformation provided with fraudulent intent may be prosecuted under Maryland law.

\_\_\_\_\_  
Printed Previous Owner Name Signature Date

\_\_\_\_\_  
Printed Previous Co-Owner Name Signature Date

\_\_\_\_\_  
Printed name of Authorized Representative Title

\_\_\_\_\_  
Signature of Authorized Representative Date