

**Application for Dealer's Duplicate Certificate of Ownership**

**(Fee - \$20.00)**

**Please print information in ink**

**Instructions to Dealer:** Please use this form only when the original certificate of ownership has not been delivered to the dealership and/or the registered owner of the vehicle has not obtained a duplicate title if the original has been lost, destroyed, altered, mutilated, or misassigned.

Only licensed Maryland, Delaware, Pennsylvania, and Virginia dealers can apply for a dealer duplicate title.

This application will not be accepted if submitted within 10 days of the transaction. Attach to this application copies of the vehicle buyer's order, identifying the vehicle as a trade-in, and the original odometer mileage statement signed by the currently registered owner of the vehicle. The duplicate title will be mailed to the dealership and will indicate current mileage.

**A COPY OF THE OWNER(S) VALID DRIVER'S LICENSE OR STATE ISSUED I.D.(S) IS REQUIRED.**

Check reason:  Lost  Destroyed  Altered  Mutilated  Misassigned  Returned to State (must attach the previous state's title)

Other \_\_\_\_\_

**I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.**

- \_\_\_\_\_ (no tenths) odometer reading  1. The mileage stated is in excess of its mechanical limits.  
 2. The odometer reading is not the actual mileage.

**Warning - Odometer Discrepancy**

Original Amount of Lien (If no lien write "none" or if lien is satisfied, please attach the lien release) \_\_\_\_\_ Date of Lien \_\_\_\_\_ Kind of Lien \_\_\_\_\_

Name of Secured Party (Bank, Finance Company, etc.) \_\_\_\_\_

Address of Secured Party \_\_\_\_\_

Current Maryland Title Number \_\_\_\_\_ Tag Number \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ Vehicle Identification Number \_\_\_\_\_

Applicant's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Co-Applicant's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Applicant's Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Co-Applicant's Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I/we certify, under penalty of perjury, that the statements made are true and correct, to the best of my/our knowledge, information and belief.**

**This \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_.**

Owner's Signature \_\_\_\_\_ Co-Owner's Signature \_\_\_\_\_

(Must be signed personally by the owner; if joint ownership, signature of each party must appear; if the owner is a business entity, the person legally authorized to sign must state their capacity after their signature.)

Checks or money orders for the application fee, are to be made payable to the MVA. Please include on check: imprinted name and address, driver's license number, and home and/or work phone number. Send application with fee to:  
 Motor Vehicle Administration, 6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062.

Name of Dealership duplicate title is to be mailed to \_\_\_\_\_ Address \_\_\_\_\_

Printed Name of Dealer's Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_

**For MVA use only**

Record examined and issuance approved by: \_\_\_\_\_  OK to issue and show lien  OK to issue without lien (identification provided)

Type of Identification provided: \_\_\_\_\_

Method of Payment:  C  CK  CC  CV

White Copy - MVA

Canary Copy - Customer

Pink Copy - Dealer Licensing