

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

**(Fee - \$40.00)**

**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, Virginia and West Virginia dealers can apply for a duplicate title.

This application will not be accepted if submitted within 10 days of the transaction. If submitting in person or by mail, use this form and provide a copy of the vehicle owner/co-owner's valid license or state issued ID. If the vehicle owner didn't sign this form, submit with the VR-470 Restricted Power of Attorney or MADA VR-279 Secure Power of Attorney, and sign this form on behalf of the owner.

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 cell/home/work phone number. Send application with fee to:  
Motor Vehicle Administration, 6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062

Check reason:	Lost	Destroyed	Altered	Mutilated	Misassigned
	Returned to State (attach 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:

Odometer Reading:	The mileage stated is in excess of its mechanical limits.	<b>Warning - Odometer Discrepancy</b>
(no tenths)	The odometer reading is not the actual mileage.	

Original Amount of Lien (if no lien, write "none" or if lien is satisfied, please attach the lien release)	Date of Lien	Type of Lien
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Name of Secured Party (Bank, Finance Company, etc.)		
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Street Address	City	State	Zip Code
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Current Maryland Title Number	Tag Number	Make	Year	Vehicle Identification Number
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Applicant's Name	Co-Applicant's Name
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Applicant's Driver's License Number	Date of Birth	Co-Applicant's Driver's License Number	Date of Birth
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Applicant's Phone Number	Applicant's Email Address	Co-Applicant's Phone Number	Co-Applicant's Email Address
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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 \_\_\_\_\_ (month) \_\_\_\_\_ year

Owner's Signature	Co-Owner's Signature
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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.

Name of Dealership	Address	City	State	Zip Code
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Printed Name of Dealer's Authorized Agent	Signature
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For MVA use only

Record examined and issuance approved by: _____	Ok to issue and show lien
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Type of Identification provided: _____	Ok to issue without lien (Identification required)
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Method of payment:	C	CK	CC	CV
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