

TITLE APPLICATION

VEHICLE SECTION

| | | | | | |
|------|------|------------|--------------|-------------------------------|-----------|
| YEAR | MAKE | BODY STYLE | SERIES MODEL | VEHICLE IDENTIFICATION NUMBER | FUEL TYPE |
|------|------|------------|--------------|-------------------------------|-----------|

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 _____

Residence Address (Individual) Business Address (Firm) _____

| | | |
|----------------|----------|------------|
| City and State | Zip Code | Tax County |
|----------------|----------|------------|

Mail Address (if different from above) _____

LIEN SECTION

| FIRST LIEN | | SECOND LIEN | |
|---------------------------------------|-----------------|---------------------------------------|-----------------|
| Date of Lien | ACCOUNT # | Date of Lien | ACCOUNT # |
| Lienholder ID# | Lienholder Name | Lienholder ID# | Lienholder Name |
| Address _____ | | Address _____ | |
| City _____ State _____ Zip Code _____ | | City _____ State _____ Zip Code _____ | |

CHECK Appropriate Block/s

- | | |
|--|---|
| <input type="checkbox"/> Title Only -- Vehicle Not in Operation | <input type="checkbox"/> Exchanged Plate No. _____ |
| <input type="checkbox"/> Title and License Class of License _____ | <input type="checkbox"/> Replaced Plate No. _____ |
| <input type="checkbox"/> Plate No. Transferred _____ | <input type="checkbox"/> Truck Weight desired _____ |
| Expiration Date _____ | |

ODOMETER READING

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 _____

| | | | | | |
|-----------------------------|----------------------------|--------------------|-----------------|--------------|--|
| Date First Operated in N.C. | State of Last Registration | Passenger Capacity | N.C. Dealer No. | Empty Weight | Combined Gross Weight of Truck or Truck-Tractor with Trailer |
|-----------------------------|----------------------------|--------------------|-----------------|--------------|--|

| | | | |
|---|---|--|---------------|
| Purchased <input type="checkbox"/> New <input type="checkbox"/> Used | Purchased for Use in N.C. <input type="checkbox"/> Yes <input type="checkbox"/> No | From Whom Purchased (Name and address) | Purchase Date |
|---|---|--|---------------|

| | | | |
|---|--|-------------|-------------|
| Is This Vehicle Leased? If Yes, Attach Form 330 or Lease Agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Equipment # | SALES PRICE |
|---|--|-------------|-------------|

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 _____

Acknowledged before me this _____ day of _____ My commission expires _____

(SEAL)

Notary Public _____