

North Carolina Division of Motor Vehicles  
**TITLE APPLICATION**

**CHECK Appropriate Block/s** (Application cannot be processed without certification of services)

- |                                                                                                                                       |                                                                                                    |                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Title Only – Vehicle Not in Operation                                                                        | <input type="checkbox"/> Truck Weight Desired _____<br>(This includes the truck, trailer and load) | For Hire Vehicle<br><input type="checkbox"/> Yes or <input type="checkbox"/> No |
| <input type="checkbox"/> Title and License Plate<br>Class of License _____                                                            | <input type="checkbox"/> Plate No. Transferred _____<br>(List Plate Number and Expiration)         |                                                                                 |
| <input type="checkbox"/> Inoperable Vehicle – Vehicle substantially disassembled<br>and unfit or unsafe to be operated on the highway | <input type="checkbox"/> Limited Registration Plate<br>(When property taxes are deferred)          |                                                                                 |

**I certify that all the above information is correct.** \_\_\_\_\_ (Customer's Initials)

**VEHICLE SECTION**

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

**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 \_\_\_\_\_

Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block: **Yes** **No**

Residence Address (Individual) Business Address (Firm) \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mail Address (if different from above) \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Vehicle Location Address (if different from residence address above) \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_ Tax County \_\_\_\_\_

**LIEN SECTION**

| <u>FIRST LIEN</u>                     |                 | Account #          | <u>SECOND LIEN</u>                    |                 | Account #          |
|---------------------------------------|-----------------|--------------------|---------------------------------------|-----------------|--------------------|
| Date of Lien                          |                 | Maturity Date (MH) | Date of Lien                          |                 | Maturity Date (MH) |
| Lienholder ID #                       | Lienholder Name |                    | Lienholder ID #                       | Lienholder Name |                    |
| Address _____                         |                 |                    | Address _____                         |                 |                    |
| City _____ State _____ Zip Code _____ |                 |                    | City _____ State _____ Zip Code _____ |                 |                    |

**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

|                                                            |               |                                        |                 |                                                          |             |
|------------------------------------------------------------|---------------|----------------------------------------|-----------------|----------------------------------------------------------|-------------|
| Purchased                                                  | Purchase Date | From Whom Purchased (Name and Address) | N.C. Dealer No. | Is this vehicle leased?<br>If Yes, Attach Form MVR-330   | Equipment # |
| <input type="checkbox"/> New <input type="checkbox"/> Used |               |                                        |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |

**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 \_\_\_\_\_  
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 \_\_\_\_\_