



APPLICATION FOR REPLACEMENT OR TRANSFER OF TITLE

DMV USE ONLY table with columns: DL/ID #, STATE, TECH. INITIALS

This form cannot be used to release a lien on a vehicle with an Electronic Lien Title (ELT)

- Replacement Title (Complete Sections 1 - 3)
Transfer of Title with Replacement (Seller completes Sections 1 - 4, New Owner completes Sections 6 and 7, as needed.)

VEHICLE LICENSE PLATE NUMBER, VEHICLE IDENTIFICATION NUMBER, YEAR/MAKE OF VEHICLE

SECTION 1 — REGISTERED OWNER(S) OF RECORD — Please print name as it appears on the Title/Registration.

TRUE FULL NAME, DRIVER LICENSE/ID CARD NUMBER, STATE, CO-OWNER TRUE FULL NAME, PHYSICAL RESIDENCE OR BUSINESS ADDRESS, COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE IS PRINCIPALLY GARAGED, MAILING ADDRESS

SECTION 2 — LEGAL OWNER OF RECORD (LIENHOLDER/TITLE HOLDER) — Do not enter name of owners above.

NAME OF BANK, FINANCE COMPANY, OR INDIVIDUAL HAVING A LIEN ON THIS VEHICLE, BUSINESS OR RESIDENCE ADDRESS, APT./SPACE/STE. #, CITY, STATE, ZIP CODE

SECTION 3 — MISSING TITLE STATEMENT — WARNING: Issuance of a replacement title cancels the original title.

If your address is different than what appears in the Department's records, you must file this application in person, bring the original or photo copy of proof of ownership...

- The Certificate of Title issued for this vehicle is (check box): Lost, Stolen, Illegible/Mutilated, Not Received from Prior Owner, Not Received from DMV

I agree to indemnify and save harmless the Director of Motor Vehicles for any loss suffered resulting from the issuance of said replacement Certificate of Title.

PRINTED NAME OF OWNER, SIGNATURE OF OWNER, DATE, TELEPHONE NUMBER

SECTION 4 — REGISTERED OWNER(S) RELEASE OF OWNERSHIP AND/OR INTEREST

I/we release interest in the described vehicle. NOTE: The signature of EACH owner is required if co-owners are joined by AND (shown by / on DMV records).

PRINTED NAME OF OWNER, SIGNATURE OF OWNER, DATE, TELEPHONE NUMBER/ EMAIL ADDRESS

SECTION 5 — LEGAL OWNER OF RECORD RELEASE OF OWNERSHIP AND/OR INTEREST — Must be notarized.

The undersigned lienholder (legal owner of record) certifies release of interest in the vehicle. This section and the Lien satisfied (REG 166) form cannot be used for non-ELT participants with vehicles 2 model years old or newer.

PRINTED NAME OF AUTHORIZED AGENT SIGNING FOR COMPANY, TITLE OF AUTHORIZED AGENT SIGNING FOR COMPANY, TELEPHONE NUMBER, SIGNATURE OF LEGAL OWNER, DATE, EMAIL ADDRESS

NOTARY USE ONLY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of

On before me, (HERE INSERT NAME AND TITLE OF THE OFFICER)

personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument...

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. SIGNATURE

(SEAL)



**THIS SIDE FOR NEW OWNERS – EACH NEW OWNER MUST SIGN BELOW**  
 Complete transfer within 10 days of taking possession of vehicle.

**Must complete vehicle information below:**

VEHICLE LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR/MAKE OF VEHICLE

**SECTION 6 — NEW REGISTERED OWNER(S) — Print true full name as shown on Driver License/Identification Card.**

*If the vehicle was purchased or received from a qualified relative [parent/child, grandparent/grandchild, spouse, domestic partner, siblings (must be minors, related by blood or adoption)], a Statement of Facts (REG 256) form, Statement of Use Tax Exemption, must also be submitted.*

*Once registered, to sell, gift, or otherwise transfer ownership, co-owners joined by "AND (I)" require the signature of each owner; co-owners joined by "OR" require the signature of only one owner.*

*The signature for a company or business MUST include the printed name of the company/business and an authorized representative's countersignature on the signature line (e.g., ABC CO., by JOHN SMITH - or - JOSEPH SMITH for ABC CO.).*

DATE PURCHASED OR ACQUIRED Mo. _____ Day _____ Yr. _____	PURCHASE PRICE \$ _____	OR IF RECEIVED AS A GIFT OR TRADE, CHECK APPROPRIATE BOX AND WRITE THE MARKET VALUE: <input type="checkbox"/> Gift <input type="checkbox"/> Trade	MARKET VALUE \$ _____
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TRUE FULL NAME OF NEW OWNER (LAST, FIRST, MIDDLE, SUFFIX), BUSINESS NAME, OR LESSOR	DRIVER LICENSE/ID CARD NUMBER	STATE

TRUE FULL NAME OF CO-OWNER OR LESSEE (LAST, FIRST, MIDDLE, SUFFIX) <input type="checkbox"/> AND <input type="checkbox"/> OR	DRIVER LICENSE/ID CARD NUMBER	STATE

TRUE FULL NAME OF CO-OWNER OR LESSEE (LAST, FIRST, MIDDLE, SUFFIX) <input type="checkbox"/> AND <input type="checkbox"/> OR	DRIVER LICENSE/ID CARD NUMBER	STATE

PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., ETC.) APT./SPACE/STE. # CITY	STATE	ZIP CODE
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COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE IS PRINCIPALLY GARAGED	EQUIPMENT NUMBER (OPTIONAL)
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT./SPACE/STE. #	CITY	STATE	ZIP CODE
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LESSEE ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE)

**The above owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to Section 1808.21 of the California Vehicle Code. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

SIGNATURE(S) OF ALL NEW OWNER(S) <b>X</b>	DATE	TELEPHONE NUMBER ( )	EMAIL ADDRESS
SIGNATURE(S) OF ALL NEW OWNER(S) <b>X</b>	DATE	TELEPHONE NUMBER ( )	EMAIL ADDRESS
SIGNATURE(S) OF ALL NEW OWNER(S) <b>X</b>	DATE	TELEPHONE NUMBER ( )	EMAIL ADDRESS

**SECTION 7 — NEW LEGAL OWNER (LIENHOLDER/TITLE HOLDER) — If none, write "None."**

Attention ELT Legal Owners: ELT # must be shown and the name and address must be entered exactly as shown on the [ELT listing](#).

TRUE FULL NAME OF BANK/FINANCE COMPANY OR INDIVIDUAL — DO NOT RE-ENTER NAME OF NEW REGISTERED OWNER(S) ABOVE	ELECTRONIC LIENHOLDER ID NO. ELT#
PHYSICAL RESIDENCE OR BUSINESS ADDRESS (INCLUDE ST., AVE., ETC.) APT./SPACE/STE. # CITY	STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT./SPACE/STE. #	CITY	STATE	ZIP CODE
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**SECTION 8 — DEALER'S RELEASE OF ACQUIRED VEHICLE**

NAME OF DEALERSHIP	NAME OF BUYER	DATE SOLD	R/S NUMBER
SIGNATURE OF DEALER AGENT <b>X</b>	PRINTED NAME OF DEALER AGENT	DEALER NUMBER	SALESPERSON NUMBER
NAME OF DEALERSHIP	NAME OF BUYER	DATE SOLD	R/S NUMBER
SIGNATURE OF DEALER AGENT <b>X</b>	PRINTED NAME OF DEALER AGENT	DEALER NUMBER	SALESPERSON NUMBER



### **Privacy Notice on Collection**

- DMV collection of personal information is governed by: CA Information Practices Act, *Civil Code* §1798 et seq; *Government Code* (GC) §11015.5; CA Public Records Act GC §6250 et seq.; CA Vehicle Code §1808; *Driver's Privacy Protection Act* (18 *United States Code* §§2721-2725).
- The information collected may be shared with authorized service providers, state, federal, and/or local government agencies, law enforcement, and commercial entities as authorized by law.
- DMV uses this information to process replacement or transfer of titles requests.
- All information on this form is mandatory.
- Failure to provide mandatory information may result in rejection of application for replacement or transfer of title.
- You have the right to review and request corrections/deletions of DMV maintained records containing your personal information.
- Questions about this form should be directed to DMV's Customer Service at 1-800-777-0133.
- For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 First Avenue, MS F127, Sacramento, CA 95818 or (916) 657-6340.