Michigan Department of State Out-of-State Resident Duplicate Title Application

Applicant Instructions

Please complete all sections below and sign your name on the signature line at the bottom of this application.

VEHICLE YR	MAKE	PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER TITLE FEE					
							\$15.0	U
WNER NAM	E (First, Middle, La	ast)						
TREET ADD	RESS (Michigan F	Residence)						
CITY					STATE	STATE ZIP CODE		
DAYTIME TELEPHONE NUMBER ()					FAX NUMBER			
					, ,			
RST SECUR	RED PARTY	FILING DATE	SECO	ND SECUREI	D PARTY	FII	LING DAT	E
PPLICANT	'S OUT-OF-STA	ATE MAILING ADDRI	ESS					
	E (First, Middle, La							
TREET ADD	RESS (Out-Of-Sta	te Mailing Address)						
CITY	STATE	ZIP CODE						
REASON FO	R DUPLICATE	TITLE: Check one.						
	☐ Lost		Stolen	[☐ Mutilated			
//v sianatur		s that all statements				orract		
_	e below certifie	s that an statements	on uns ap	урпсацоп а	re true and c	on ect.	,	,
(Actual Si	gnature of Owr	ner / Adobe software	signature	s are not a	ccepted.		/ Date	_/
AYMENT N	IETHOD: Chec	k one.						
□ \$15	.00 Check or Mo	oney Order payable to	the State of	of Michigan:	Mail with cor	mpleted ap	oplication	to:
	Michigan De Special Serv 7064 Crownd Lansing, MI	er Drive						
☐ <u>Cre</u>	dit Card: You m	ay fax this completed	l applicatior	n to: 517-32	2-5438 or ma	il to the a	ddress ab	ove.
	☐ VISA		/lasterCard	[☐ Discover			
lame on Cr	edit Card (Pleas	se Print)						
redit Card	Number:		<i>I</i>		Expirat	tion Date:		
fly signatur Iuplicate ve		izes the Michigan De	epartment	of State to	charge my cr	redit card	Month account	
-							1	,
Actual Sign	ature of Credit	Card Holder / Adob	e software	signatures	are not acce	pted.	/_ Date	