

TENNESSEE DEPARTMENT OF REVENUE
 TAXPAYER AND VEHICLE SERVICES DIVISION
 MULTI-PURPOSE APPLICATION

**COMPLETE BOLD OUTLINED AREAS TO
 REQUEST A DUPLICATE TITLE**

NEW OR CURRENT TITLE NUMBER	TRANSACTION CODE	REGISTRATION ONLY NUMBER
-----------------------------	------------------	--------------------------

OWNER INFORMATION LEGAL STATUS: 1 (AND) 2 (OR)
 ENTER NAME CODE IN BOX: 1 (SAME) 2(DIFFERENT) 3(MULTIPLE LAST NAMES) 4(COMPANY) 5(OVER 25 CHARACTERS) MAO ILU

LAST NAME	FIRST NAME	M.I.	LAST NAME	FIRST NAME	M.I.
ADDRESS 1 (MAILING)			ADDRESS 2 (PHYSICAL)		
CITY			CITY		
STATE			STATE		
ZIP CODE			ZIP CODE		

CNTY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION	PURCHASE DATE	LEASED <input type="checkbox"/>	SERVICE OPTIONS <input type="checkbox"/>	TELEPHONE #	PLACARD/HEARING IMPAIRED CLS/YR	INSURANCE POLICY #
--	---------------	---------------------------------	--	-------------	---------------------------------	--------------------

SEE REVERSE SIDE FOR INSTRUCTIONS

VEHICLE INFORMATION								
VIN	MAKE	MODEL	YEAR	BODY	TITLE BRAND--list the appropriate code (N) NEW (1) RECONSTRUCTED VEHICLE (U) USED (2) FLOOD DAMAGE (D) DEMO (3) SPECIALLY CONSTRUCTED (8) PARTS ONLY	CODE	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)	CODE
SURRENDERED TITLE #	STATE	PREVIOUS STATES TITLED	VEHICLE USE	VEHICLE TYPE	CURRENT MILEAGE	ODOMETER INDICATOR (List One)	ACTUAL (0) NOT ACTUAL (8) OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECH. LIMITS (9)	CODE
COLOR CODE (enter appropriate color code) UPPER LOWER	MOBILE HOME LGTH WIDTH	# AXLES	GROSS VEHICLE WEIGHT	VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE #		

PLATE INFORMATION (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

PLATE #1	CLASS CODE / ISSUE YR (1) (3)	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1) (2)	PLATE # (TRADE-IN) (2)	CLASS CODE / ISSUE YR (2)	EXPIRATION DATE (1) (2) (3)
TDS STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)	USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)		

LIEN INFORMATION (if lien present)

LIEN CODE	FIRST LIENHOLDER	LIEN DATE
STREET	CITY	STATE
ZIP CODE		
LIEN CODE	SECOND LIENHOLDER	LIEN DATE
STREET	CITY	STATE
ZIP CODE		

LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)

LEGAL STATUS NAME CODE MAO ILU

NAME	NAME
ADDRESS	CITY
STATE	ZIP CODE

VEHICLE COST / TAX INFORMATION (required for Title & Registration Transactions)

SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALES TAX PAID	TAX EXEMPTION REASON / SALES TAX#
DEALER NAME	DEALER ADDRESS	DEALER NUMBER		

REQUIRED FOR DUPLICATE TITLE - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)

LOST STOLEN MUTILATED RTN'D DUE TO NON DELIVERY ALTERED ILLEGIBLE

Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf.

SIGNATURE OF CERTIFIER / OWNER _____ POWER OF ATTORNEY / AUTHORIZED SIGNATURE (IF APPLICABLE) _____ DATE _____

INVOICE NUMBER	COUNTY NAME	CO NUMBER	DATE OF APPLICATION	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK)
----------------	-------------	-----------	---------------------	--

OFFICE USE ONLY (total fees collected indicated certifies this form as a valid registration)

REGISTRATION FEE	CREDIT	LEASE FEE	TRANSACTION FEE	ISSUANCE FEE	TITLE FEE	TOTAL TAX COLLECTED
COMPUTATION OF <input type="checkbox"/> Sales Tax <input type="checkbox"/> Use Tax	SALES OR USE TAX	LOCAL RATE	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX	CITY WHEEL TAX
SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION	*TOTAL FEES COLLECTED	

Duplicate Title: Mail In Instructions

Eligibility for mail options: Military Personnel, former Hamilton County Residents, and Lienholders making application by mail for Certificate of Duplicate Title.

All other applicants please call (423) 209-6525 and ask to speak to a supervisor for instructions regarding your situation.

1. To obtain a replacement Tennessee motor vehicle title, owners(s) please complete the bold, outlined areas of this application. Application requires the owner(s) or appointed power of attorney to sign their name in the box designated "SIGNATURE OF CERTIFIER/OWNER or POWER OF ATTORNEY". Lienholders will need to sign and print the name of the lienholder and sign their name as the individual representative.
2. Person(s) making application submit copy of driver license(s).
3. Submit a Notarized Power of Attorney signed by owner(s) or lienholder designating W. F. Knowles, Hamilton County Clerk to sign application.
4. Lienholders must make payment by check drawn on their financial institution's account; other submit a cashier's check or money order in the amount of \$11.00.
5. Mail application to:
Hamilton County Clerk
625 Georgia Avenue, Room 201
Chattanooga, TN 37402

If state record permits and if the data system does not indicate a lien, owner(s) will be issued a replacement title at the time application is made and appropriate documents submitted.