TENNESSEE DEPARTMENT OF REVENUE
General Affidavit

PURPOSE: An individual may use this affidavit for purposes of writing a statement of facts which is sworn to be true.

INSTRUCTIONS: Please complete form accordingly.

A. AFFIANT INFORMATION:
Name: ___________________________ Phone: ___________________________
Street Address: __________________ City: ________ State: ________ Zip: ________

B. VEHICLE INFORMATION:
Vehicle Identification Number (VIN): __________________ Year: ________
Make: __________________ Model: __________________ Color: __________

C. STATEMENT OF FACTS (place an "X" by the proper fact):
   ____ No-Use: the motor vehicle described in this document has not been operated on the roads or highways of Tennessee.
   ____ One in the Same Name: the two different names found on different documents refer to one person.
   ____ Correction: an error was made in the title application paperwork. Please explain the error in the spaces provided below.
   ____ Other/Further Details:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

D. ACKNOWLEDGEMENT:

AFFIANT CERTIFICATION STATEMENT: I, the undersigned affiant hereby certify that the statements made herein are true and correct to the best of my knowledge, information, and belief. Fraudulent statements made in this application could result in denial of this request and subject the signatory to criminal and civil penalties.

Affiant’s Signature: ___________________________ Date: ________