



Type or  
Print Only

## Application for Replacement Certificate of Title

Type or  
Print Only

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER
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Owner's Last Name \_\_\_\_\_ FIRST NAME(S) \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

Street, RFD \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CERTIFICATION

I/We, the registered owner or lienholder of the above described vehicle, hereby make application for a Replacement Certificate of Title and certify that the original has been (Check appropriate box.)

- Lost  Never received from the Department
- Mutilated, Destroyed or Illegible:  Stolen;
- Never received from the Lienholder;
- Other (State why replacement is applied for if none of above apply) \_\_\_\_\_

I/We understand that upon issuance of the replacement title, the original title becomes void and must be returned to the Department of Revenue should it be found. I/We also understand the replacement title shall contain the legend "this is a replacement certificate and may be subject to the rights of a person under the original certificate."

- READ & CHECK HERE**
- MADE BY OWNER:** If a lienholder was shown on the original title, a lien release must be included with this replacement application. Application must be signed by owner (s). If title is in a business name, person signing application must list their position in the company next to their signature. **Example: John Doe, President**
  - MADE BY LIENHOLDER:** If lienholder directs Department of Revenue to mail title to owner, a lien release must be included and owner(s) must sign application. If no lien release is provided and owner(s) does not sign, replacement title will be mailed to lienholder as shown on title.

<p>Applicant hereby directs the Department of Revenue to mail or deliver the title herein applied for as shown below.</p> <p><b>COMPLETE THIS SECTION, PRINTING OR TYPING ALL INFORMATION</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>IF NAME ENTERED HERE IS OTHER THAN TITLE OWNER, ATTACH APPROPRIATE POWER OF ATTORNEY. DEALERS ATTACH COPY 3 OF FORM 79-006 / 78-004. OTHERS USE 78-003.</p> <p>(NAME)</p> <p>(STREET / APT. / P.O. BOX)</p> </div> <p>CITY _____ STATE _____ ZIP _____</p>	<p>I, the undersigned hereby certify that I am the recorded owner or lienholder of the above described vehicle.</p> <p>Owner's Signature _____</p> <p>Joint Owner's Signature _____</p> <p>Lienholder's Name _____</p> <p>Agent _____ (Signature of Lienholder Authorized Representative)</p> <p>Date _____ 20____ YEAR MONTH _____ DAY _____</p>
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Fee for Replacement Title is payable by Cashier's Check, Personal Check, Certified Check or other form of Certified funds. **FEE OF \$9.00**

TO: MISSISSIPPI DEPARTMENT OF REVENUE  
TITLE BUREAU  
P.O. BOX 1383 JACKSON, MS 39215-1383

# SEE INSTRUCTIONS ON REVERSE SIDE OF FORM