

# West Virginia Department of Transportation Division of Motor Vehicles



## Affidavit of Duplicate Title for a Vehicle or Watercraft

MAIL TO: Receiving and Processing • PO Box 17710 • Charleston, WV 25317 • 1-800-642-9066 • www.dmv.wv.gov

**PRINT IN BLUE OR BLACK INK ONLY. THIS APPLICATION MUST BE ACCOMPANIED BY A COPY OF THE OWNER'S DRIVER'S LICENSE. ENCLOSE A COPY OF YOUR REGISTRATION CARD IF AVAILABLE. IF LOST TITLE SHOWED A LIEN RELEASE, SECTION D MUST BE COMPLETED. THERE IS A \$10.00 FEE FOR YOUR DUPLICATE TITLE.**

Vehicle Title

Boat Title

**Select Reason for Requesting Duplicate (Check Only One):**

Lost       Destroyed       Never Received

Defaced (attach defaced title)       Change of Address

### A.) Owner(s) Information

Name \_\_\_\_\_  
OWNER(S) NAME(S)

Address \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### B.) Vehicle/Watercraft Information

Make \_\_\_\_\_ Year \_\_\_\_\_

VIN or Hull No \_\_\_\_\_

Plate or Reg. No \_\_\_\_\_

Body Style or Hull Material \_\_\_\_\_

### C.) Owner/Applicant Certification

*The undersigned applicant, being duly sworn upon oath, deposes and says they are the owner of the vehicle/watercraft described herein: I, the undersigned, swear or affirm that the information we/I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury. Furthermore, I agree to indemnify and hold harmless, the West Virginia Division of Motor Vehicles from any liability arising from this transaction. I understand that the penalty for false statement in this application holds a fine of not more than \$100.00 or imprisonment in the county jail for thirty days, or both.*

**This application must be signed by the owner(s). If a person other than the applicant is signing this application, a power of attorney form is required. If the title reads "AND", both owners signatures MUST appear. If signing for a company, indicate your title or position.**

(X) \_\_\_\_\_  
SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE

(X) \_\_\_\_\_  
SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE

### D.) Discharge of Lien Holder(s)

**If the vehicle or watercraft has EVER had a lien against it, section D MUST be completed by the lien holder before a clear title can be issued. If section D is not completed, the title will be mailed directly to the lien holder on record.**

*The undersigned, being a duly authorized agent for the lien holder, deposes upon his oath and says that the lien is discharged and the lien holder has no interest in the above vehicle/watercraft.*

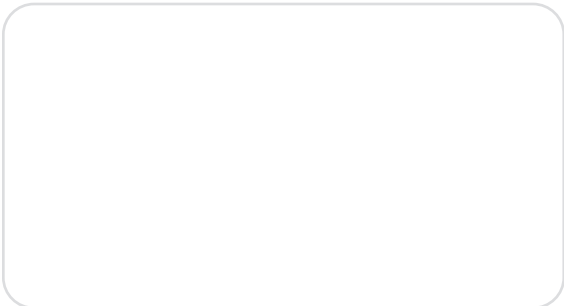
Name of Lien Holder \_\_\_\_\_

Address \_\_\_\_\_

(X) \_\_\_\_\_  
SIGNATURE OF OFFICER TITLE

This lien is fully paid, satisfied, and released this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(X) \_\_\_\_\_  
SIGNATURE OF NOTARY COMMISSION EXPIRATION DATE



### E.) Release Affidavit

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to receive my duplicate title.  
VEHICLE OR WATERCRAFT OWNER NAME OF DEALERSHIP, LIEN HOLDER, OR INDIVIDUAL

(X) \_\_\_\_\_  
SIGNATURE OF OWNER

**BE SURE TO ENCLOSE:**  
• A COPY OF YOUR DRIVER'S LICENSE  
• A COPY OF THE REGISTRATION CARD, IF AVAILABLE  
• \$10.00 CHECK/MONEY ORDER PAYABLE TO DMV

**DIVISION USE ONLY • Verified in Computer:** \_\_\_\_\_