



Massachusetts Department of Transportation  
 Registry of Motor Vehicles  
 Registry of Motor Vehicles - Title Division  
 P.O. Box 55885  
 Boston, Massachusetts 02205-5885

## Application for Duplicate Certificate of Title

**\$25.00**

*(Payable by Check or Money Order Only)*

### Instructions:

Please read the following instructions before completing this application. This application will be returned if not completed properly.

1. If you obtained a loan for this vehicle and that loan has been satisfied, please check with your lienholder (e.g., bank) first to see if they have your title. If they do not, get a signed letter from the lienholder on their letterhead indicating that the loan has been satisfied. The letter must also specify the year, make, vehicle identification number (VIN), and all titled owners. **No faxes or photocopies of lien releases are acceptable. The lien release must be submitted with your application for a duplicate title, regardless of the age of the loan.**

*Note: A signature by a lienholder on an application for a duplicate does not constitute a lien release.*

2. If the party to whom the title was issued is deceased, a copy of the letter of administration, court order, or affidavit of surviving spouse and a death certificate must accompany this application.
3. A person recovering an original certificate of title for which a duplicate has been issued shall promptly surrender the original to the Registrar (Chapter 90D, Section 14[c]).
4. If the present title is mutilated or illegible, this title certificate must accompany the application for a duplicate.

I, \_\_\_\_\_, hereby make application, in accordance with Chapter 90D, Section 14, of the General Laws, for duplicate certificate of title which the original was:

**Must check one:**     Lost             Stolen             Mutilated             Destroyed

Registration #	Year	Make	VIN	Title Number
Name: Last, First, Middle				
Lienholder's Name and Address on Title:				

I affirm that all statements herein are true to the best of my knowledge and belief. (False statements are punishable by fine, imprisonment, or both).

Signature of Owner(s) or Lienholder \_\_\_\_\_

Date \_\_\_\_\_

**Note:** The duplicate certificate of title will only be mailed to: (1) the owner's mailing address entered on the RMV's database, (2) a car dealership, (3) a lienholder, or (4) an insurance agent. If the title is to be mailed to a dealer, the back of this form must be completed.

Mail duplicate to address below:

Check box if you are authorizing the RMV to change your address.

I, We, the undersigned, hereby authorize the Registry of Motor Vehicles to mail to the dealership identified below a duplicate Certificate of Title to be issued in my name in order to transfer ownership of the motor vehicle described herein. Note, this form does not constitute a Power of Attorney or a Reassignment.

Name of Transferee/Dealer			
Address			
Dealer Registration Number	Year	Make	VIN

I state that the odometer now reads \_\_\_\_\_ (no tenths) and that to the best of my knowledge it reflects the actual mileage of the vehicle unless one of the following statements is checked:

- I certify that, to the best of my knowledge, the odometer reading reflects the amount of mileage in excess of its mechanical limits. (The odometer starting at zero again.)
- I certify the odometer reading is not the actual mileage. **"WARNING—Odometer Discrepancy"**

\_\_\_\_\_  
Signature(s) of Transferrer(s)—Owner(s) as It(They) Appear(s) on Title

\_\_\_\_\_  
Printed Name(s)

\_\_\_\_\_  
Date

*Make check or money order payable to:*  
MassDOT

Do Not Mail Cash