



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION - TITLE SECTION
P. O. Box 327699 • Montgomery, AL 36132-7699

Application For Replacement Title
FOR 1975 OR NEWER YEAR MODEL VEHICLES

TITLE NUMBER _____ DEPARTMENT USE ONLY _____

TYPE OR PRINT ONLY
TITLE FEE \$15.00

NOTE: If Lienholder Appeared On Missing Title, The Lienholder Must Complete This Application.

INSTRUCTIONS FOR COMPLETING THIS FORM APPEAR ON BACK

CERTIFIED FUNDS ONLY - NO PERSONAL CHECKS

INFO	VEHICLE IDENTIFICATION NUMBER				TRANS CODE 02	YEAR MODEL	MAKE	MODEL	BODY TYPE	PREVIOUS ALABAMA TITLE NO.
	CYLS	NEW	USED	DEMO	DATE OF PURCHASE	NUMBER LIENS	COLOR	ODOMETER READING	DEPARTMENT USE ONLY	

OWNER(S) NAME MUST BE IDENTICAL AS APPEARED ON ORIGINAL TITLE

OWNER INFO	NAME(S) (Last Name, First, Middle)	FELONY OFFENSE FOR FALSE ADDRESS		DEPARTMENT USE ONLY
	CURRENT MAILING ADDRESS			
	CITY	STATE	ZIP	

NEW LIENS CANNOT BE RECORDED ON REPLACEMENT TITLES

FIRST LIEN	(DO NOT ENTER IF LIEN RELEASED)		
	NAME	LIEN DATE	
	ADDRESS		
	CITY	STATE	ZIP
FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD			
SECOND LIEN	(DO NOT ENTER IF LIEN RELEASED)		
	NAME	LIEN DATE	
	ADDRESS		
	CITY	STATE	ZIP
FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD			

SPECIAL MAILING (IF NO LIENS LISTED HEREON):

OWNER(S) AUTHORIZATION FOR SPECIAL MAILING	LOCATOR #
I, WE, HEREBY AUTHORIZE MY CERTIFICATE OF TITLE TO BE MAILED TO (IF NO LIENS LISTED HEREON):	REJECT TO:
NAME	REASONS:
ADDRESS	EXAMINER #
CITY	ENCL:
STATE	
ZIP	

APPLICATION FOR REPLACEMENT OF Alabama Title: Number _____ (IF KNOWN) Which was:

(Mark ONE) Lost Stolen Mutilated Illegible or Other (reason) _____
Mutilated, illegible, or altered title must be submitted with this application.

CERTIFICATION STATEMENT

I understand that upon issuance of the "Replacement" certificate of title, the outstanding certificate of title is "Revoked" and, if found, shall be returned to the Alabama Department of Revenue immediately. AS REQUIRED BY LAW. I further understand that the "Replacement" certificate will contain the legend, "THIS IS A REPLACEMENT CERTIFICATE OF TITLE AND MAY BE SUBJECT TO THE RIGHTS OF A PERSON UNDER THE ORIGINAL CERTIFICATE OF TITLE."

I certify that the above information is true and correct to the best of my knowledge and belief and I am aware that a false statement made on this application, with intent to defraud, is a felony violation under the Alabama Uniform Certificate of Title and Antitheft Law (Title Law) (Sec. 32-8).

<p>Application by Recorded Lienholder As Reflected On Department Records</p>	<p>Application by Owner as Recorded on Department Records When No Lienholder Was Reflected on Previous Title</p>
TYPE OR PRINT NAME OF LIENHOLDER	SIGNATURE OF OWNER(S) AS ABOVE
SIGNATURE - AUTHORIZED REPRESENTATIVE	DATE
DATE	SIGNATURE OF OWNER(S) AS ABOVE
Release of Lien	DATE
The lien recorded on the original certificate of title is hereby released. I understand that by completing this Release of Lien, this firm WILL NOT appear on the Replacement title as LIENHOLDER.	DESIGNATED AGENT USE ONLY
SIGNATURE - AUTHORIZED REPRESENTATIVE	D.A. NAME _____
DATE	D.A. NUMBER _____

Instructions

1. Name of owner(s) in Owner Information area on the MVT-12-1 application must be identical to owner(s) name as shown by the records of the Alabama Department of Revenue (show last name first, followed by the first and middle names/initials). If it is necessary to verify owner information call Title Inquiry at (334) 242-9102. Note: the complete vehicle identification number will be necessary to obtain any vehicle information.
2. The correct title fee (\$15.00) must be submitted in certified funds. *No personal checks.*
3. If the recorded lienholder has lost the title and has not released the lien, the lienholder must complete the first three (3) lines only of the Application by Recorded Lienholder Section, located in the lower left box, and must complete the Lienholder Information Box reflecting the status of their lien. If it is necessary to verify Lienholder Information call Title Inquiry at (334) 242-9102. Note: the complete vehicle identification number will be necessary to obtain any vehicle information.
4. If the recorded lienholder has released the lien, the lienholder must complete all five lines of the Application by Recorded Lienholder Section, located in the lower left box. Do not complete the Lienholder Information Box if the lien is released.
5. If there is no recorded lienholder or if the owner provides a valid lien release, the owner(s) or legal representative(s) may apply for a replacement title. Complete Legal Signature(s) and Date is required.
6. New liens cannot be recorded on a replacement title.
7. If further assistance is needed, call Title Inquiry at (334) 242-9102. Note: the complete vehicle identification number will be necessary to obtain any vehicle information.

DEPARTMENT CORRECTION	
Please Check	
TC	MAKE
YR. MODEL	MODEL
BT	PAT
CYL.	N-U-D
DATE OF PUR	# LIENS
ODOMETER	LIEN DATE
OTHER:	RES. ADDRESS

FOR DEPARTMENT USE ONLY

ABOVE INFORMATION APPLIES ONLY TO

VEHICLE IDENTIFIED ON FACE OF APPLICATION