



**INSTRUCTIONS**

**WHO MAY APPLY**

1. The owner or legal representative (*with proper identification required*) may apply for a replacement certificate of title if no lienholder was listed on the original certificate of title.
2. If a lien is still outstanding, the lienholder shall apply for a replacement certificate of title with a power of attorney.

**HOW TO COMPLETE**

1. Please print in ink or type. (*Strikeovers or erasures are not acceptable.*)
2. For a replacement title fill in:
  - a) Section 1 - Vehicle and title information
  - b) Section 3 - Applicant's Signature
  - c) Additionally, if you had a lien on the vehicle, enclose a letter from the lienholder stating the lien has been satisfied (paid off) or, if the lien is over 10 years old, complete SECTION 2 below indicating that the lien has been satisfied.**
3. For replacement title *and* ownership transfer, a Connecticut Q-1 (*Supplemental Assignment of Ownership Form*) MUST be submitted with this application. If the Q-1 form is NOT submitted, your application will be rejected and returned to you.

**MAIL TO: State of Connecticut, Department of Motor Vehicles, Room 305, 60 State Street, Wethersfield, CT 06161**  
**YOU MUST SUBMIT A CHECK FOR \$25 MADE OUT TO "DMV" WITH THIS APPLICATION.**

<b>SECTION 1</b>  APPLICANT/ VEHICLE AND TITLE INFORMATION	REASON FOR APPLICATION ( <i>Check One</i> )		IF REQUESTING A REPLACEMENT TITLE ( <i>Check One</i> )				
	<input type="checkbox"/> <b>Ownership Transfer</b> <small>(Must include a Q-1 form)</small>		<input type="checkbox"/> <b>Replacement Title</b>		<input type="checkbox"/> <b>Lost</b> <input type="checkbox"/> <b>Stolen</b> <input type="checkbox"/> <b>Mutilated</b> ( <i>Please Attach</i> ) <input type="checkbox"/> <b>Destroyed</b>		
	NAME(S) OF OWNER(S) AS ON TITLE ( <i>Last, First, Middle Initial</i> ) AND ADDRESS ( <i>Number and Street, City or Town, State, Zip Code</i> )						
	OWNER'S BIRTH DATE		OWNER'S LICENSE NUMBER		OWNER'S PHONE NUMBER ( <i>Optional</i> )		OWNER'S E-MAIL ADDRESS ( <i>Optional</i> )
	TITLE NUMBER ( <i>If available</i> )	REG PLATE/VESSEL NUMBER	VEHICLE IDENTIFICATION NUMBER/HULL IDENTIFICATION NUMBER		MAKE	YEAR	
LIENHOLDER ON TITLE ( <i>Name and Address</i> ) IF YOUR LIEN ( <i>Loan</i> ) HAS BEEN SATISFIED, PLEASE SUBMIT A LETTER FROM THE LIENHOLDER STATING SUCH.							

<b>SECTION 2</b> <i>(If Applicable)</i>  LIEN STATUS FOR A LIEN OVER 10 YEARS OLD	TO THE BEST OF YOUR KNOWLEDGE, ALL LIENS/ENCUMBRANCES CONCERNING THE ABOVE MENTIONED VEHICLE HAVE BEEN SATISFIED.					
	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> ( <i>If "NO", indicate names and addresses below</i> )					

**SECTION 3**  
 APPLICANT'S SIGNATURE

I (we) do not have knowledge of any liens or encumbrances on the said vehicle, except as indicated above. The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I (we) further understand that the Commissioner may revoke any certificate of title and/or registration issued in reliance on the statements made herein, if the Commissioner becomes aware of any contrary or additional material facts, and that, in such event, I may have liability to any third person (or persons) or party (or parties) who has (have) a legal interest in the above described vehicle. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.

APPLICANT'S SIGNATURE	PRINTED NAME(S)				
	SIGNATURE ( <i>Owner(s) or lienholder of record</i> )				DATE SIGNED
X					

CUSTOMER CONTACT INFORMATION	NAME OF CUSTOMER REQUESTING INFO		CUSTOMER DAYTIME PHONE NUMBER	CUSTOMER E-MAIL ADDRESS

**IF BY MAIL**  
**DID YOU**  
**REMEMBER TO:**

1. Submit a check payable to "DMV" for \$25.00.
2. Sign the application in Section 3.
3. IF YOU HAD A LIEN ON THE VEHICLE, ENCLOSE A LETTER FROM THE LIENHOLDER STATING THE LIEN WAS SATISFIED (PAID-OFF) or IF THE LIEN IS OVER 10 YEARS OLD, PLEASE BE SURE TO COMPLETE SECTION 2 INDICATING THAT THE LIEN HAS BEEN SATISFIED.

NAME ( <i>Last, First, Middle Initial</i> )	
ADDRESS ( <i>Number and Street</i> )	
(City or Town)	(State) (Zip Code)



**FORWARD TITLE TO:**  
**(Please print or type)**