MVR-1					
(Rev. 0	09/12)				

## North Carolina Division of Motor Vehicles **TITLE APPLICATION**

	CHECK	Appropriate	Block/s (Appli	cation	cannot	be processed	without certif	fication of s	services)	
□ Title Only –	Vehicle Not ir	Operation		<ul> <li>Truck Weight Desired</li></ul>				-	For Hire Vehicle □ Yes or □ No	
□ Title and Lic Class of Lice			E	Plate No. Transferred (List Plate Number and Expiration)						
□ Inoperable V	ehicle – Vehic	le substantially dis erated on the highv	assembled [	🗆 Limi	ited Regist	ration Plate taxes are deferred)		)		
I certify that all the above information is correct (Customer's Initials)										
VEHICLE SECTION										
YEAR	MAKE	BODY STYLE	SERIES MODEL	VE	CHICLE II	DENTIFICATION	NUMBER	FUEL TYPE	ODOMETER READING	
OWNER SECTION										
Owner 1 ID #										
			Full Legal Name of	Owner 1	(First, Midd	lle, Last, Suffix) or Co	ompany Name			
Owner 2 ID #			Full Legal Name of	Owner 2	(First, Mide	lle, Last, Suffix) or Co	ompany Name			
Residence Address	(Individual) Bu	siness Address (Firm			y and State		Zip Code			
Mail Address (if di	fferent from ab	ove)		Cit	y and State		Zip Code			
Vehicle Location A	ddress (if differ.	ent from residence a	ddress above)	Cit	y and State		Zip Code	Τı	ax County	
				LIEI	N SEC	TION				
	FIRST L	IEN					SECOND LIEN	[		
Date of Lien		ACCOUNT #			Date of Lien ACCOUNT #					
Lienholder ID #	Lienho	der Name	Lienh			ler ID #	Lienholder Name			
Address	Address				Address					
City	City         State         Zip Code         City         State         Zip Code									
I certify for the	motor vehicle	described above t	hat I have financial re	esponsib	oility as re	quired by law.				
Ins	surance Compa	iny authorized in N	I.C.		_		Policy Numb	er		
Purchased	Purchase I	Date From Who	om Purchased (Name a	Name and Address) N.C. Dealer N				Is this vehicle leased? Equipmen If Yes, Attach Form MVR-330		
□ New □ Use	d							□ No		
			DIS	CLO	SURE	SECTION			·	
			Carolina Division of M nation contained in this					icitation unless	the block below is checked.	
APPLICATION	MUST BE SI	GNED IN INK B	Y EACH OWNER OI	RAUTH	HORIZED	REPRESENTAT	IVE OF FIRMS	OR CORPOR	ATIONS.	
the application is	correct to the b t there has not	best of my (our) kn been a registration	owledge. The vehicle i	is subjec	et to the lie	ns named and no ot	thers. If a registra	tion plate is issu	ertify that the information on ued or transferred, I (we) ication as required by the	
OWNER'S SIGN	ATURE									
Date			County				State			
I certify that the f purpose stated the	ollowing perso erein and in the	n(s) personally app capacity indicated	eared before me this d	ay, each	acknowle	dging to me that he	or she voluntarily	v signed the fore	egoing document for the name(s) of principal(s) ).	
Notary Signature	ary Notary Printed ature or Typed Name									
	(SEAL)			Му	y Commiss	ion Expires				