



State of Nebraska  
**Application for Certificate of Title**

<b>1 Vehicle or Motorboat Description</b>				<b>Fee \$10.00</b>	
Vehicle Identification Number		Year	Make	Model	
Body Style	Color	GVWR	Capacity/Propulsion	Taxi Use <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Salvage		<input type="checkbox"/> Previously Salvaged		<input type="checkbox"/> Non-Transferable <input type="checkbox"/> Manufacturer Buyback	
<b>Salvage</b> vehicle/motorboat is a late model vehicle/motorboat that has been wrecked, damaged or destroyed to the extent that the estimated total cost of repair to restore it to its condition prior to being wrecked, damaged or destroyed, and a condition for legal operation upon the highways, exceeds 75% of the retail value of the vehicle at the time the vehicle was wrecked, damaged or destroyed OR voluntarily designated by the owner as salvage.					
<b>2 Owner/Applicant Information</b> (if more than three (3), please attach a second application)					
If more than one owner, do you wish clear rights of survivorship to be transferred to the surviving owner(s) in the event of the death of one owner?					
<input type="checkbox"/> No (probate will be required to transfer ownership - owner names separated with "And")					
<input type="checkbox"/> Yes (ownership will transfer to co-owner upon presentation of death certificate - owner names separated with "Or")					
Owner name/Last or business name*		First Name	MI		
2 <sup>nd</sup> Owner name/Last or business name*		First Name	MI	Check here if spouse of owner 1. <input type="checkbox"/>	
3 <sup>rd</sup> Owner name/Last or business name*		First Name	MI	Check here if spouse of owner 1 or 2. <input type="checkbox"/>	
Owner's Residential Address, City, State, Zip					
Owner's Mailing Address, City, State, Zip					
<b>Transfer On Death Beneficiary(ies), if applicable:</b> (Beneficiary may be individual or trust)					
If indicated, upon death of last surviving owner, ownership of the vehicle will transfer to listed entity(ies).					
1 <sup>st</sup> TOD _____		2 <sup>nd</sup> TOD _____		Name* _____	

\*(Only first 35 positions will print on title)

<b>3 Lien Information</b>		<b>Fee \$7.00</b>
Is there a lien on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete this section and provide a copy of the lien instrument with this application.		
First Lien	PLID _____	Second Lien
_____		PLID _____
_____		_____
_____		_____
If there is a lien, are you a non-resident requesting a printed title for issuance of a title in your state of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The undersigned being duly sworn depose or affirm and say that the information provided on this application is true and complete. Use of a false or fictitious name, knowingly making a false statement or knowingly concealing a material fact in this application can result in a fine or imprisonment or both and cancellation of your certificate of title.		
Signature _____		Signature _____
Signature _____		Date _____
All owners listed above shall sign this Application except in the case where co-owners are spouses, one spouse may sign; where an owner provides proof he/she is handicapped or disabled or is too young to sign, a parent, legal guardian, foster parent or agent may sign; and if transferring from an out-of-state title when ownership is not changing, one owner may sign.		