

West Virginia Department of Transportation
Division of Motor Vehicles



Affidavit of Duplicate Title for a Vehicle or Watercraft

MAIL TO: Receiving and Processing • PO Box 17710 • Charleston, WV 25317 • 1-800-642-9066 • www.dmv.wv.gov

PRINT IN BLUE OR BLACK INK ONLY. THIS APPLICATION MUST BE ACCOMPANIED BY A COPY OF THE OWNER'S DRIVER'S LICENSE. ENCLOSE A COPY OF YOUR REGISTRATION CARD IF AVAILABLE. IF LOST TITLE SHOWED A LIEN RELEASE, SECTION D MUST BE COMPLETED. THERE IS A \$10.00 FEE FOR YOUR DUPLICATE TITLE.

<input type="checkbox"/> Vehicle Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Boat Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Select Reason for Requesting Duplicate (Check Only One):

<input type="checkbox"/> Lost	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Never Received
<input type="checkbox"/> Defaced (attach defaced title)	<input type="checkbox"/> Change of Address	

A.) Owner(s) Information

Name _____
OWNER(S) NAME(S)

Address _____

CITY _____ STATE _____ ZIP _____

B.) Vehicle/Watercraft Information

Make _____ Year _____

VIN or
Hull No _____

Plate or
Reg. No _____

Body Style or
Hull Material _____

C.) Owner/Applicant Certification

The undersigned applicant, being duly sworn upon oath, deposes and says they are the owner of the vehicle/watercraft described herein: I, the undersigned, swear or affirm that the information we/I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury. Furthermore, I agree to indemnify and hold harmless, the West Virginia Division of Motor Vehicles from any liability arising from this transaction. I understand that the penalty for false statement in this application holds a fine of not more than \$100.00 or imprisonment in the county jail for thirty days, or both.

This application must be signed by the owner(s). If a person other than the applicant is signing this application, a power of attorney form is required.
If the title reads "AND", both owners signatures MUST appear. If signing for a company, indicate your title or position.

(X) _____
SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE

(X) _____
SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE

D.) Discharge of Lien Holder(s)

If the vehicle or watercraft has EVER had a lien against it, section D MUST be completed by the lien holder before a clear title can be issued. If section D is not completed, the title will be mailed directly to the lien holder on record.

The undersigned, being a duly authorized agent for the lien holder, deposes upon his oath and says that the lien is discharged and the lien holder has no interest in the above vehicle/watercraft.

Name of Lien Holder _____

Address _____

(X) _____
SIGNATURE OF OFFICER TITLE

This lien is fully paid, satisfied, and released this _____ day of _____, 20____.

(X) _____
SIGNATURE OF NOTARY COMMISSION EXPIRATION DATE

E.) Release Affidavit

I, _____ hereby authorize _____ to receive my duplicate title.
VEHICLE OR WATERCRAFT OWNER NAME OF DEALERSHIP, LIEN HOLDER, OR INDIVIDUAL

(X) _____
SIGNATURE OF OWNER

BE SURE TO ENCLOSE:
• A COPY OF YOUR DRIVER'S LICENSE
• A COPY OF THE REGISTRATION CARD, IF AVAILABLE
• \$10.00 CHECK/MONEY ORDER PAYABLE TO DMV

DIVISION USE ONLY • Verified in Computer: _____