

North Carolina Division of Motor Vehicles

Application for Duplicate Salvage Certificate of Title

NO FEE

Certificate No. _____

VEHICLE SECTION

YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE

OWNER SECTION

Owner 1 ID # _____
Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name _____

Owner 2 ID # _____
Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name _____

Residence Address (Individual) Business Address (Firm) _____

City and State _____	Zip Code _____	Tax County _____
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Mail Address (if different from above) _____

I, the registered owner of the above described vehicle, hereby make application for a duplicate salvage certificate of title and certify that the original has been: (Check applicable block)

Lost Never Received Assigned and Lost

I understand that upon issuance of the duplicate, the original certificate becomes void and that I am required to return the original certificate to the Division of Motor Vehicles immediately should it be found.

Signature of registered owner(s) _____

Date _____ County _____ State _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____

(name(s) of principal(s)).

Notary Signature _____ Notary Printed or Typed Name _____

(SEAL)

My Commission Expires _____