

**CASHIER CHECK OR MONEY ORDER **

STATE OF NEBRASKA

FEE \$14.00*

APPLICATION FOR DUPLICATE CERTIFICATE OF TITLE

APPLICATION SHOULD BE PRESENTED TO THE DESIGNATED COUNTY OFFICIAL IN THE COUNTY WHERE THE ORIGINAL CERTIFICATE OF TITLE WAS ISSUED.

APPLICATION FOR ORIGINAL CERTIFICATE OF TITLE SHOULD BE MADE ON THE REVERSE SIDE.

The applicant(s) for certified copy of a Certificate of Title is the: Owner(s) Lienholder(s) of said vehicle, and the Original Certificate of Title has been:
 Lost Destroyed Mutilated

VEHICLE INFORMATION

Title Number _____ Vehicle Identification Number _____

Year _____ Make _____ Model _____

APPLICANT(S) INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Last Name _____ First Name _____ Middle Initial _____

Last Name _____ First Name _____ Middle Initial _____

Address (Street or RR and PO Box) _____ City _____ State _____ Zip _____

Mailing Address (If other than above) _____

NOTARIZATION

Signature of Applicant _____

Signature of Applicant _____

Signature of Applicant _____

Signature of Applicant _____

Subscribed and sworn before me the _____ day of _____

Subscribed and sworn before me the _____ day of _____

Signature Notary Public or Designated County Official _____

Signature Notary Public or Designated County Official _____

My commission expires on _____

My commission expires on _____

SEAL

SEAL

NOTE: APPLICATION IS VOID UNLESS SIGNED BY APPLICANT(S) AND PROPERLY NOTARIZED.

APPLICATION FOR CERTIFICATE OF TITLE

APPLICATION SHOULD BE PRESENTED TO THE DESIGNATED COUNTY OFFICIAL IN THE COUNTY WHERE THE VEHICLE HAS SITUS

APPLICATION FOR *DUPLICATE* CERTIFICATE OF TITLE SHOULD BE MADE ON THE REVERSE SIDE.

<input type="checkbox"/> Salvage* <input type="checkbox"/> Previously Salvaged <input type="checkbox"/> Non-Transferable **	Taxi Use (Check One): <input type="checkbox"/> Yes <input type="checkbox"/> No
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Vehicle/Hull Identification Number _____

Year _____ Make _____ Model _____ Body Style/Hull Length _____

Color _____ GVWR/Hull Material _____ Capacity/Propulsion _____

APPLICANT(S) INFORMATION

Applicant(s) hereby state that he/she/they is/are the lawful owner(s) or purchaser(s) of the vehicle described above and make application for a Certificate of Title.

Last Name	First Name	Middle Initial	
Last Name	First Name	Middle Initial	
Last Name	First Name	Middle Initial	
Address (Street or RR and PO Box)	City	State	Zip
Mailing Address (If other than above)			
Signature of Applicant	Signature of Applicant		
Signature of Applicant	Date		

LIEN INFORMATION FEE \$7.00

The following is a full statement of all liens, mortgages or encumbrances on said vehicle.
 If none, state here _____ If more than two liens noted, please check

First Lien: Name and Address of Lienholder	Second Lien: Name and Address of Lienholder

Note: A copy of the lien instrument must be presented before a lien can be noted.

***SALVAGE** vehicle is a vehicle which has been wrecked or damaged or has otherwise become unstable for transportation due to malfunction beyond reasonable maintenance or repair.

- When an insurance company acquires a vehicle through payment of a total loss settlement on account of damage, a SALVAGE Certificate of Title must be obtained.
- Any person who acquires ownership of a SALVAGED vehicle shall obtain a SALVAGE Certificate of Title prior to use or sale of the vehicle or any major component part.