

ASSEMBLE APPLICATIONS FOR MAILING

A. Remittance Advice and Check, and:
(Remittance Advice has space to list 12 applications.)
1. Application for Certificate of Title.
2. M.C.O. or Certificate of Title, face up.
3. Other support documents(s).
One staple, top center to hold 1,2,3, together.
NOTE TO LARGER D. As'. Use up to 9 Remittance
Advice Forms, or 100 apps. for single mailing.

STATE TAX COMMISSION

DEPARTMENT OF REVENUE
TITLE BUREAU - POST OFFICE BOX 1383
JACKSON, MISSISSIPPI 39215

\$5.00
TITLE FEE

APPLICATION FOR CERTIFICATE OF TITLE

ENTER
COMPLETE
MISSISSIPPI
TITLE NO.

VEHICLE
TYPE:

9 DIGITS EXAMPLE 1 2 3 4 5 6 7-01
HAIL (H) FLOOD (F) SALVAGE (S) REBUILT (R) OTHER
PASS. (1) TRK. TRACTOR (2) AMB. (3) TRK. (4) BUS (5) PVT. TLR. (6) MOTORCYCLE (7) MOTOR HOME CAB (8) TRK. TLR. (9)
YEAR MAKE MODEL/SERIES CYL NO. PASS OR GWW BODY TYPE COLOR NEW USED FUEL VEHICLE IDENTIFICATION NO. (VIN) ODOMETER SEE CODE EXAMPLE 00-123456

FROM WHOM PURCHASED (NAME) STREET / APT. / P.O. BOX / CODE: 00-ACTUAL
11-EXCEEDS LIMIT
12-NOT ACTUAL-DISCREPANCY

CITY STATE ZIP CODE PREVIOUS TITLE NO. TITLING STATE TAG NO. EXP. YR.

OWNER(S) LAST NAME, FIRST, INITIAL (& / OR; OR) FIRST, INITIAL STREET / APT. / P.O. BOX /

CITY STATE ZIP CODE CO. CODE DATE OF PURCHASE MO. DAY YR. TRADE IN PURCHASED OUT OF STATE
YES NO YES NO

1st LIENHOLDER NAME STREET ADDRESS

CITY STATE ZIP CODE LIENHOLDER NUMBER Contact Lienholder & get this DATE OF LIEN MO. DAY YR.

2nd LIENHOLDER NAME STREET ADDRESS

CITY STATE ZIP CODE LIENHOLDER NUMBER Contact Lienholder & get this DATE OF LIEN MO. DAY YR.

NAME OF SELLER BY AUTHORIZED SIGNATURE

I, THE UNDERSIGNED, CERTIFY THAT THE VEHICLE DESCRIBED ABOVE IS OWNED BY ME AND I HEREBY MAKE APPLICATION FOR A CERTIFICATE OF TITLE FOR SAID MOTOR VEHICLE, AND THIS VEHICLE WILL NOT BE SUBJECT TO LIEN PRIOR TO RECEIPT OF TITLE UNLESS INDICATED ABOVE.

OWNER'S SIGNATURE (PERSONALLY SIGNED IN INK BY OWNER OR AUTHORIZED REPRESENTATIVE) SOCIAL SECURITY NUMBER

JOINT OWNER'S SIGNATURE (PERSONALLY SIGNED IN INK BY OWNER OR AUTHORIZED REPRESENTATIVE) (IF THERE IS NO JOINT OWNER LEAVE THIS LINE BLANK) SOCIAL SECURITY NUMBER

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED VEHICLE HAS BEEN PHYSICALLY INSPECTED BY ME AND THAT THE V.I.N. AND DESCRIPTIVE DATA SHOWN ON THIS APPLICATION ARE CORRECT AND FURTHER, I IDENTIFIED THE PERSON SIGNING THE APPLICATION AND WITNESSED HIS SIGNATURE.

LAUDERDALE COUNTY TAX COLLECTOR BY AUTHORIZED SIGNATURE

DESIGNATED AGENT NO. DATE

See reverse of copy 4 for important information
OWNER'S TEMPORARY PERMIT

APPLICATION NUMBER 94454824