



Type or Print Only **FAST TRACK Application for Replacement Certificate of Title** Type or Print Only

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER
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Owner's Last Name _____ FIRST NAME(S) _____ MIDDLE NAME _____

Street, RFD _____ CITY _____ STATE _____ ZIP _____

CERTIFICATION

I/We, the registered owner or lienholder of the above described vehicle, hereby make application for a Replacement Certificate of Title and certify that the original has been **(Check appropriate box.)**

- Lost Never received from the Department
- Mutilated, Destroyed or Illegible: Stolen;
- Never received from the Lienholder;
- Other (State why replacement is applied for if none of above apply) _____

I/We understand that upon issuance of the replacement title, the original title becomes void and must be returned to the Department of Revenue should it be found. I/We also understand the replacement title shall contain the legend "this is a replacement certificate and may be subject to the rights of a person under the original certificate."

- READ & CHECK HERE**
- ▶ **MADE BY OWNER:** If a lienholder was shown on the original title, a lien release must be included with this replacement application. Application must be signed by owner (s). If title is in a business name, person signing application must list their position in the company next to their signature. **Example: John Doe, President**
 - ▶ **MADE BY LIENHOLDER:** If lienholder directs Department of Revenue to mail title to owner, a lien release must be included and owner(s) must sign application. If no lien release is provided and owner(s) does not sign, replacement title will be mailed to lienholder as shown on title.

Applicant hereby directs the Department of Revenue to mail or deliver the title herein applied for as shown below.

COMPLETE THIS SECTION, PRINTING OR TYPING ALL INFORMATION

IF NAME ENTERED HERE IS OTHER THAN TITLE OWNER, ATTACH APPROPRIATE POWER OF ATTORNEY. DEALERS ATTACH COPY 3 OF FORM 79-006 / 78-004. OTHERS USE 78-003.

(NAME)		
(STREET / APT. / P.O. BOX)		
CITY	STATE	ZIP

I, the undersigned hereby certify that I am the recorded owner or lienholder of the above described vehicle.

Owner's Signature _____

Joint Owner's Signature _____

Lienholder's Name _____

Agent _____
(Signature of Lienholder Authorized Representative)

Date _____, _____ 20____
MONTH DAY YEAR

Fee for Replacement Title is payable by Cashier's Check, Personal Check, Certified Check or other form of Certified funds. **FEE OF \$39.00** TO: MISSISSIPPI FAST TRACK TITLE PROGRAM
P. O. BOX 22845 JACKSON, MS 39225-2845

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM

Instructions and Tips On Fast Track Replacement Title Request

1. Only apply for a replacement title if you are certain there was a previous Mississippi title.
2. Application for FAST TRACK replacement title (78-026) requires a fee of \$39.00.
3. If the replacement title is to be mailed to anyone other than the owner, you must submit a power of attorney, executed by the owner, authorizing us to do so; and the person holding 'power of attorney must sign application and indicate "P.O.A." **Licensed dealers must use the Secure Power of Attorney form 79-006 /78-004.**
4. If applying for a replacement title in person, a valid photo I.D. will be required.
5. If the current title was issued in joint ownership with the names joined by "and" both signatures are required on the replacement application.
6. If we still show a lien on the computer the replacement title can only be mailed or given to the lienholder, unless you have a lien release completed and signed by the lienholder.
7. Once a replacement title is issued, the original title becomes **VOID**. If the original title is later found it should be surrendered to the Department of Revenue.

Complete all information and mail to:

Mississippi Fast Track Title Program
P. O. Box 22845
Jackson, MS 39225-2845

If you need a copy of this form for your records you may make a photocopy, this original application will not be returned to you.