

Mississippi

Application for Replacement Certificate of Title

MAKE	YEAR VEHICLE IDENTIFICATION NUMBER		ION NUMBER	TITLE NUMBER	
Owner's Last Name		FIRST NAME(S)	MIDD	DLE NAME	
Street, RFD		THE TO WILL(E)	MIDD	LE TO WILL	
CERTIFICATION	CITY		STATE	ZIP	
I/We, the registered ow original has been (Check			make application for a Replacement C	ertificate of Title and certify that the	
Lost Neve	er received from the De	epartment			
Mutilated, Destroyed	or Illegible:	Stolen;			
Never received from	the Lienholder;				
Other (State why rep	lacement is applied for	r if none of above apply)			
MADE BY Capplication. READ & CHECK HERE MADE BY I included an title will be recognized.	DWNER: If a lier Application mus n in the company LIENHOLDER: d owner(s) must nailed to lienhold	n under the original certificate." Tholder was shown on the original to be signed by owner (s). If title y next to their signature. Example lienholder directs Departmen sign application. If no lien release ler as shown on title.	inal title, a lien release must be in e is in a business name, person si nple: John Doe, President It of Revenue to mail title to owne ase is provided and owner(s) doe	cluded with this replacement gning application must list r, a lien release must be s not sign, replacement	
		deliver the title herein applied for as shown below.	I, the undersigned hereby certify that I am the recorder	d owner or lienholder of the above described vehicle.	
COMPLETE THIS SEC	TION, PRINTING (OR TYPING ALL INFORMATION	Owner's Signature		
IF NAME ENTERED HERE IS OTHER THAN TITLE OWNER. ATTACH		(NAME)	Joint Owner's Signature		
APPROPRIATE POWER OF ATTORNEY. DEALERS ATTACH COPY 3 OF FORM 78-004. OTHERS USE	(STREET	/APT. / P.O. BOX)	Agent(Signature of Lient Date	nolder Authorized Representative)	

Fee for Replacement Title is payable by Cashier's Check, Personal Check, Certified Check or other form of Certified funds. **FEE OF \$9.00**

TO: MISSISSIPPI DEPARTMENT OF REVENUE MOTOR VEHICLE SERVICES P.O. BOX 1383 JACKSON, MS 39215-1383

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM

Instructions and Tips On Replacement Title Request

- 1. Only apply for a replacement title if you are certain there was a previous Mississippi title.
- 2. Application for replacement title (78-006) requires a fee of \$9.00.
- 3. Application for **FAST TRACK** Replacement Certificate of Title (78-026) requires a fee of \$39.00.
- 4. 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." <u>Licensed dealers</u> must use the Secure Power of Attorney Form 78-004.
- 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 a lien shows on the Department of Revenue's computer system, the replacement title can only be mailed or given to the lienholder, unless a completed lien release is provided by the lienholder. If the lienholder has gone out of business or changed names and the loan has been paid in full, it is still the owner's responsibility to obtain a lien release.
- 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 Department of Revenue Motor Vehicle Services P. O. Box 1383 Jackson. MS 39215-1383

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.