Mississippi

	780261781000	FAST T	RACK Application for Replacement
Г	МАКЕ	YEAR	VEHICLE IDENTIFICATION NUMBER

TITLE NUMBER

Certificate of Title

	FIRST NAME(S)	MIDDLE NAME	
eet, RFD			
RTIFICATION	CITY	STATE	ZIP
I/We, the registered owner or lienholder of the above	described vehicle berehv make application t	or a Replacement Certificate	of Title and certify that the
priginal has been (Check appropriate box.)			
Lost Never received from the Department Mutilated, Destroyed or Illegible: Stolen;			
briginal has been (Check appropriate box.) Lost Never received from the Department			

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."

- 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**
- READ & CHECK HERE

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	e to mail or deliver the title herein applied	for as shown below.	I, the undersigned hereby certify that I am the recorded owner or lienholder of the above described vehicle.			
COMPLET	DMPLETE THIS SECTION, PRINTING OR TYPING ALL INFORMATION				Owner's Signatu <u>re</u>		
IF NAME ENTERED HERE IS OTHER THAN TITLE OWNER. ATTACH	E (NAME)			Joint Owner's Signatu <u>re</u>			
APPROPRIATE POWER OF ATTORNEY. DEALERS ATTACH COPY 3 OF FORM 79-006 / 78-004.	(STREET / APT. / P.O. BOX)		Agent(Signature of Lienholder Authorized Representative)			e)	
OTHERS USE 78-003.	CITY	STATE	ZIP		MONTH		YEAR

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

FEE OF \$39.00

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." <u>Licensed dealers must</u> use the Secure Power of Attorney Form 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. If applying in person both owners must be present or provide Power of Attorney.
- 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.