

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING
AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY
DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAMS

DEPARTMENT USE ONLY
NEW DECAL #
OLD DECAL #

**APPLICATION FOR DUPLICATE
CERTIFICATE OF TITLE**

Name of Manufacturer	MFG ID #	Trade Name	Model Name or #
Date of Manufacture	Calif. Dealer License #	Date of Transfer to Dealer from MFG	ILT Exemption
			Date First Sold New

DECAL/LICENSE	MANUFACTURER SERIAL NUMBER(S)	HUD LABEL OR HCD INSIGNIA #	LENGTH (inches)	WIDTH (inches)	WEIGHT (pounds)	DATE FIRST SOLD (if different than above)

ADD UNITS [] DEPARTMENT USE ONLY	USE CODE	EXPIRATION DATE	TAX TYPE				ORIG COST PRICE	CODE	YR	SALE PRICE	PPF
											RF
		DTN NUMBER(S)		DTN DATE(S)			CLERK'S INITIALS		SALE DATE		ILT

REGISTERED OWNER(S) [Print True Name(s)]	1. Last	First	Middle	MRF
	2. Last	First	Middle	PEN1
MAILING ADDRESS	Street	City	State	Zip
LOCATION ADDRESS OF UNIT	Street	City	State	Zip
LEGAL OWNER [Print True Name(s)]				TRF
				TOD
MAILING ADDRESS	Street	City	State	Zip

APPLICATION FOR TRANSFER BY NEW OWNERS

I/We request that the new Certificate of Title and Registration Card to be issued as follows:

REGISTERED OWNER(S) [Print True Name(s)]	1.		CONF
	2.		REPO
	3.		RREG

If applicable, check one of the following: TENCOM OR JTRS TENCOM AND COMPRO COMPRORS **RSF**

MAILING ADDRESS	Street	City	State	Zip	PLT
FUTURE MAILING ADDRESS	Street	City	State	Zip	SIT
LOCATION ADDRESS OF UNIT	Street	City	State	Zip	UTP RT
LEGAL OWNER [Print True Name(s)]					ASF
					CCP

If applicable, check one of the following: TENCOM OR JTRS TENCOM AND COMPRO COMPRORS

MAILING ADDRESS	Street	City	State	Zip	TOTAL
FIRST JUNIOR LIENHOLDER [Print True Name(s)]					

If applicable, check one of the following: TENCOM OR JTRS TENCOM AND COMPRO COMPRORS

MAILING ADDRESS	Street	City	State	Zip	
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ADD JR/LH [] Note: Section I, "CERTIFICATION OF MISSING TITLE" ON THE REVERSE SIDE MUST BE COMPLETED. TO COMPLETE A TRANSFER OF OWNERSHIP, BOTH THE OLD AND NEW OWNERS MUST SIGN THE APPROPRIATE LINES ON THE REVERSE SIDE OF THIS FORM.