



DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

Application for Replacement Title

DMV USE ONLY

If there are ANY changes in ownership, and if renewing registration, you must complete an **Application for Title and Registration (Form 735-226)** in addition to this form. Please read the instructions on the back of this form carefully before completing this application.

TRANS CODE	VT	TI	MP	PROCESS 5	EX	MISC	BATCH CODE
MEMORANDUM RECEIPT #				DEALER TRANS <input type="checkbox"/>	PRE CHECKER		TITLE FEE \$

VEHICLE INFO.

Complete Lines 1 through 18. The ownership information must reflect what is currently shown on DMV records.

1	PRESENT OREGON PLATE #	YEAR	MAKE	STYLE	VEHICLE IDENTIFICATION NUMBER (VIN)			TITLE NUMBER		
2	EQUIPMENT #	REG WEIGHT / LENGTH		GVMR OVER 26,000 LBS.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	<input type="checkbox"/> DIESEL <input type="checkbox"/> PROPANE	<input type="checkbox"/> HYBRID <input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> PLUG-IN HYBRID <input type="checkbox"/> OTHER:	<input type="checkbox"/> FLEX-FUEL

OWNER or LESSEE / ADDRESS

List additional owners on Lines 6 and 7. (This in no way determines a priority of ownership.)
If any owner listed uses a work address on DMV records, that owner must be shown on Line 3.

3	PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF (check one) <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE			ODL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)
4	RESIDENCE ADDRESS - (If owner is a business, use business address)			MAILING ADDRESS - (If different from residence)	
5	CITY, STATE, ZIP CODE		COUNTY OF RESIDENCE	CITY, STATE, ZIP CODE	COUNTY OF MAILING
6	PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF JOINT OWNER OR LESSEE			ODL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)
7	PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF JOINT OWNER OR LESSEE			ODL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)
8	ONE-TIME MAILING ADDRESS (For this transaction only - address will not show on your customer record) <input type="checkbox"/> Reg. Only <input type="checkbox"/> Title Only <input type="checkbox"/> Both			VEHICLE ADDRESS - (Location of vehicle if different from residence)	
9	CITY, STATE, ZIP CODE			CITY, STATE, ZIP CODE	COUNTY (of vehicle address or use)

SECURITY INTEREST HOLDER and/or LESSOR

10	SECURITY INTEREST HOLDER (Bank, Finance Company, Person, etc.)	ODL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)
11	SECURITY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE	TELEPHONE # ()	
12	SECONDARY INTEREST HOLDER (Bank, Finance Company, Person, etc.)	ODL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)
13	SECONDARY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE	TELEPHONE # ()	
14	LESSOR (Complete only if lessee is shown as owner on Line 3 above)	ODL / ID / CUSTOMER #	DATE OF BIRTH (MM/DD/YYYY)
15	LESSOR ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE	TELEPHONE # ()	

CERT.

The owner must certify by completing all applicable statements and sign the application to apply for title and registration in Oregon. Under Oregon law, it is a crime to knowingly make any false statement on an application for title or registration (ORS 803.070 / ORS 803.385). Both offenses are Class A misdemeanors and are punishable by a jail sentence of up to one year, a fine of up to \$6,250 or both.

I hereby request a replacement title and certify to the best of my knowledge the title for this vehicle has been lost, destroyed or mutilated, and to the best of my knowledge has not been signed, conveyed or transferred to another party. (If mutilated, the title or what remains of the title is attached.) If I, as the title holder on DMV records, cannot certify what happened to the title, the additional signature of the person who has this knowledge appears on Line 18.

SIGNATURES

PLEASE NOTE: SIGNATURES ON THIS FORM DO NOT RELEASE INTEREST.

16	SIGNATURE OF OWNER, SECURITY INTEREST HOLDER OR LESSOR X	DATE	TELEPHONE # () TELEPHONE # ()
17	SIGNATURE OF OWNER, SECURITY INTEREST HOLDER OR LESSOR X	DATE	TELEPHONE # () TELEPHONE # ()
18	SIGNATURE X	DATE	COUNTER DATE STAMP / INITIALS



DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

Keep in your vehicle until registration card is received.

Notice of Transaction Submitted

If there are ANY changes in ownership, and if renewing registration, you must complete an *Application for Title and Registration (Form 735-226)* in addition to this form. Please read the instructions on the back of this form carefully before completing this application.

TRANS CODE	VT	TI	MP	PROCESS 5	EX	MISC	BATCH CODE
MEMORANDUM RECEIPT #				DEALER TRANS <input type="checkbox"/>	PRE CHECKER		TITLE FEE \$

Complete Lines 1 through 18. The ownership information must reflect what is currently shown on DMV records.

1 PRESENT OREGON PLATE #	YEAR	MAKE	STYLE	VEHICLE IDENTIFICATION NUMBER (VIN)				TITLE NUMBER	
2 EQUIPMENT #	REG WEIGHT / LENGTH		GVWR OVER 26,000 LBS.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	<input type="checkbox"/> DIESEL <input type="checkbox"/> PROPANE	<input type="checkbox"/> HYBRID <input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> PLUG-IN HYBRID <input type="checkbox"/> OTHER:	<input type="checkbox"/> FLEX-FUEL

List additional owners on Lines 6 and 7. (This in no way determines a priority of ownership.)
If any owner listed uses a work address on DMV records, that owner must be shown on Line 3.

3 PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF (check one) <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE			
4 RESIDENCE ADDRESS - (If owner is a business, use business address)	MAILING ADDRESS - (If different from residence)		
5 CITY, STATE, ZIP CODE	COUNTY OF RESIDENCE	CITY, STATE, ZIP CODE	COUNTY OF MAILING
6 PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF JOINT OWNER OR LESSEE			
7 PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF JOINT OWNER OR LESSEE			
8 ONE-TIME MAILING ADDRESS (For this transaction only - address will not show on your customer record) <input type="checkbox"/> Reg. Only <input type="checkbox"/> Title Only <input type="checkbox"/> Both	VEHICLE ADDRESS - (Location of vehicle if different from residence)		
9 CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	COUNTY (of vehicle address or use)	

● **WHEN TO USE THIS FORM** ●

Use this form if your title has been lost, destroyed, or mutilated.

To apply for a replacement title with NO CHANGE in ownership:

1. Complete the front of this application. See instructions below for required signatures.
2. Submit the completed application to DMV with a fee of \$90 for a trailer over 8,000 pounds loaded weight or a motor vehicle with GVWR over 26,000 pounds (except motor homes).\$93 for all other vehicles.

CERTIFICATIONS / SIGNATURES

These sections on the application must be completed to request a replacement title and to certify that the last title issued for the vehicle was lost, destroyed, or mutilated.

All security interest holders or lessors shown on **DMV** records must sign the application for a replacement title. If DMV records show no security interest holders or lessors, then all owners shown on DMV records must sign, even if they have released interest.*

**Note: DMV will accept a replacement title transaction with a change in ownership, without the owner of record's signature (Lines 16 and 17), only when no odometer disclosure is required and all ownership releases are provided. In this case, DMV still requires, on Line 18, the signature of the person who can certify what happened to the title.*

To apply for a replacement title with ANY CHANGE in ownership:

You must first determine whether an odometer disclosure is required with the transfer. (See exemptions below.)

Transfers exempt from odometer disclosure:

- Any transfer only to add or remove a security interest holder.
- Any transfer where at least one owner is remaining the same.
- Any transfer of:
 - Vehicles ten years old or older (for example, a 2004 vehicle is exempt as of January 1, 2014);
 - Vehicles with a manufacturer's gross vehicle weight rating of more than 16,000 pounds;
 - Snowmobiles;
 - Class I All-terrain vehicles;
 - Trailers; and
 - Vehicles not equipped with an odometer at the time of manufacture.

If an odometer disclosure is required:

A replacement and transfer with a complete change in ownership is **not** allowed.

- You must first obtain a replacement title with *at least* one owner remaining on the title. The owner must then complete the odometer disclosure on the back of the title. (See instructions above for required signatures.)
- If the change in ownership does not require an odometer disclosure (for example, removing a security interest holder), follow instructions below for a transfer of ownership.

If an odometer disclosure is NOT required:

A replacement title with a complete transfer of ownership is allowed.

1. Complete the replacement application. See instructions above for required signatures.
2. Attach a release of interest from all parties shown on DMV records who will not be shown on the new title.
3. Complete an Application for Title (Form 226) showing how the new title is to be issued.
4. Submit both applications, the releases, and a fee to DMV.

Application for transfer of title must be submitted to DMV within 30 days of purchase or you may be subject to additional fees. To obtain release forms, information on fees, or if you have any questions about how to apply for a replacement title, please call DMV's Customer Information Center at (503) 945-5000, (Portland Area call (503) 299-9999), or visit our web site at www.oregondmv.com.

APPLICANT

Complete all applicable blocks.

DO NOT write in the gray blocks (OFFICE USE ONLY).

MAIL TO: DMV, 1905 Lana Ave NE, Salem OR 97314; or take to any DMV office.