



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

APPLICATION FOR TITLE NEVER RECEIVED

(Check Appropriate Box Below)



Never Received Regular Certificate of Title

● This application can be made **ONLY** by the title holder(s). The title holder is the security interest holder with the highest priority; or if none, the lessor; or if none, the registered owner(s). ● This application can be made only when at least **30 days** have elapsed from the date the title was issued to be sure it is not still in transit. ● **If more than six months have passed** from the date the title was issued, an *Application for Replacement Title* (Form 735-515) must be used and the replacement title fee paid.

Never Received Salvage Certificate of Title

● This application can be made **ONLY** by the title holder(s). The title holder is the registered owner(s) shown on the salvage title. ● This application can be made only when at least **20 days** have elapsed from the date the salvage title was issued to be sure it is not still in transit. ● **If more than six months have passed** from the date the salvage title was issued, an *Application for Replacement Salvage Title* (Form 735-230) must be used and the replacement salvage title fee paid.

PLATE NUMBER	YEAR	MAKE	STYLE	
VEHICLE IDENTIFICATION NUMBER			TITLE NUMBER (IF KNOWN)	
PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (check one) <input type="checkbox"/> REGISTERED OWNER OR <input type="checkbox"/> LESSEE		ODL / ID / CUSTOMER #	DATE OF BIRTH	
RESIDENCE ADDRESS - (If owner is a business, use business address)		MAILING ADDRESS - (If different from residence)		
CITY, STATE, ZIP CODE	COUNTY OF RESIDENCE	CITY, STATE, ZIP CODE	COUNTY OF MAILING	
PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF JOINT OWNER OR LESSEE		ODL / ID / CUSTOMER #	DATE OF BIRTH	
PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF JOINT OWNER OR LESSEE		ODL / ID / CUSTOMER #	DATE OF BIRTH	
ONE-TIME MAILING ADDRESS (For this transaction only - address will not show on your customer record)		VEHICLE ADDRESS - (Location of vehicle if different from residence)		
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	COUNTY (of vehicle address or use)	
SECURITY INTEREST HOLDER (Bank, Finance Company, Person, etc.)		ODL / ID / CUSTOMER #	DATE OF BIRTH	
SECURITY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE		TELEPHONE # ()		
SECONDARY INTEREST HOLDER (Bank, Finance Company, Person, etc.)		ODL / ID / CUSTOMER #	DATE OF BIRTH	
SECONDARY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE		TELEPHONE # ()		
LESSOR (Complete only if lessee is shown as owner above)		ODL / ID / CUSTOMER #	DATE OF BIRTH	
LESSOR ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE		TELEPHONE # ()		

I (we) certify the original title for this vehicle was never received.

AT LEAST ONE TITLE HOLDER MUST SIGN

SIGNATURE OF OWNER X	CUSTOMER TELEPHONE # ()
SIGNATURE OF OWNER X	
SIGNATURE OF JOINT OWNER OR LESSEE X	
SIGNATURE OF SECURITY INTEREST HOLDER AND/OR LESSOR X	
SIGNATURE OF SECURITY INTEREST HOLDER AND/OR LESSOR X	