



**STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM**

| |
|---------------------|
| 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 | CA 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) |
| | | | | | | |
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| | | | | | | | | | | | |
|--|---------------|-----------------|-------------|-----|-----|-------|------------------|-----------|-------|------------|-------|
| <input type="checkbox"/> ADD UNITS <input type="checkbox"/> DEPARTMENT USE ONLY | USE CODE | EXPIRATION DATE | TAX TYPE | | | | ORIG COST PRICE | CODE | YR | SALE PRICE | PPF |
| | | | ILT | EXT | LPT | PPT | | | | | 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 | | | | PEN 1 |
| MAILING ADDRESS | Street | City | | | | State | ZIP | | PEN 2 | | |
| LOCATION ADDRESS OF UNIT | Street | City | | | | State | ZIP | | TRF | | |
| LEGAL OWNER [Print True Name(s)] | | | | | | | | | | | DUPT |
| | | | | | | | | | | | DUPR |
| MAILING ADDRESS | Street | City | | | | State | ZIP | | SUBD | | |

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. Last | | First | | | | Middle | | | | CONF |
| | 2. Last | | First | | | | Middle | | | | REPO |
| | 3. Last | | First | | | | Middle | | | | RREG |
| If applicable, check one of the following: <input type="checkbox"/> TENCOM OR <input type="checkbox"/> JTRS <input type="checkbox"/> TENCOM AND <input type="checkbox"/> COMPRO <input type="checkbox"/> COMPRORS | | | | | | | | | | | |
| MAILING ADDRESS | Street | City | | | | State | ZIP | | SIT | | |
| FUTURE MAILING ADDRESS | Street | City | | | | State | ZIP | | UTP | RT | ASF |
| LOCATION ADDRESS OF UNIT | Street | City | | | | State | ZIP | | MHP | | |
| LEGAL OWNER [Print True Name(s)] | | | | | | | | | | | CCP |
| | | | | | | | | | | | TOTAL |
| If applicable, check one of the following: <input type="checkbox"/> TENCOM OR <input type="checkbox"/> JTRS <input type="checkbox"/> TENCOM AND <input type="checkbox"/> COMPRO <input type="checkbox"/> COMPRORS | | | | | | | | | | | |
| MAILING ADDRESS | Street | City | | | | State | ZIP | | | | |
| FIRST JUNIOR LIENHOLDER [Print True Name(s)] | | | | | | | | | | | |
| If applicable, check one of the following: <input type="checkbox"/> TENCOM OR <input type="checkbox"/> JTRS <input type="checkbox"/> TENCOM AND <input type="checkbox"/> COMPRO <input type="checkbox"/> COMPRORS | | | | | | | | | | | |
| MAILING ADDRESS | Street | City | | | | State | ZIP | | | | |
| ADD JR/LH <input type="checkbox"/> | 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. | | | | | | | | | | |

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|---------------------------|------------------|------------|
| DECAL (LICENSE) NUMBER(S) | SERIAL NUMBER(S) | TRADE NAME |
|---------------------------|------------------|------------|

SECTION I. CERTIFICATION OF MISSING TITLE

The original HCD Certificate of Title or DMV Ownership Certificate (pink slip) was:

Lost, Stolen. If the title was lost or stolen after receiving it from a party other than the Department, enter the party's name here: _____

Illegible, Mutilated. A mutilated or illegible title must be surrendered to the Department.

Not received from the Department. This box can only be checked by the Legal Owner of record (lienholder), or if none, the Registered Owner of record.

I/We certify under penalty of perjury under the laws of the State of California that there are no liens against this unit other than those shown on this application and the statements made on this application are true and correct.

I/We agree to indemnify and save harmless the Director of the Department of Housing and Community Development for any loss suffered resulting from the issuance of said Duplicate Certificate of Title.

Executed on _____ at _____
Date *City* *State*

Signature: _____

Printed Name of Person Completing Certification: _____

SECTION II. RELEASE OF OWNERSHIP AND/OR INTEREST SIGNATURE(S)

| | |
|---|--------------|
| 1 A. RELEASE OF REGISTERED OWNER SIGNATURE | RELEASE DATE |
| B. RELEASE OF REGISTERED OWNER SIGNATURE | RELEASE DATE |
| C. RELEASE OF REGISTERED OWNER SIGNATURE | RELEASE DATE |
| 2 A. RELEASE OF LEGAL OWNER (LIENHOLDER) SIGNATURE | RELEASE DATE |
| B. RETENTION OF LEGAL OWNER SIGNATURE | DATE |
| C. ASSIGNMENT OF LEGAL OWNER SIGNATURE | DATE |

SECTION III. DEALER'S RELEASE OF ACQUIRED UNIT

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|--------------------------------|---------------|
| 3 A. NAME OF DEALER | DEALER NUMBER |
| B. RELEASE OF DEALER SIGNATURE | RELEASE DATE |

SECTION IV. NEW REGISTERED OWNER SIGNATURE(S)

| | |
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| 4 A. NEW REGISTERED OWNER SIGNATURE | If this transfer is the result of a sale, the sale price and sale date <u>must</u> be entered below. |
| B. NEW REGISTERED OWNER SIGNATURE | PURCHASE PRICE |
| C. NEW REGISTERED OWNER SIGNATURE | PURCHASE DATE |