

**APPLICATION FOR  
 REPLACEMENT AND SUBSTITUTE TITLES**

**Purpose:** Use this form to apply for a replacement title certificate or substitute title certificate.

**Instructions:** Complete sections 1 - 3. Complete section 4 to request a replacement title certificate or section 5 to request a substitute title certificate. Submit completed form to any DMV customer service center with the appropriate fees. You may also mail the form and fees to the Titling Work Center at the address above.

1. OWNER INFORMATION			
OWNER FULL LEGAL NAME (last, first, middle, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
CO-OWNER FULL LEGAL NAME (last, first, middle, suffix)		TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN
MAILING ADDRESS		CITY OR TOWN	STATE ZIP CODE
Are any of the vehicle owners on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO			

2. VEHICLE INFORMATION				
VEHICLE IDENTIFICATION NUMBER (VIN)		TITLE NUMBER	PLATE NUMBER	PLATE TYPE
YEAR	MAKE	MODEL	BODY TYPE	WEIGHT

3. CURRENT LIEN INFORMATION				
Check One: <input type="checkbox"/> Printed original title certificate attached <input type="checkbox"/> Original title certificate is electronic title (no paper title attached)				
<b>FIRST LIEN</b>	LIENHOLDER NAME		LIENHOLDER CODE	LIEN DATE (mm/dd/yyyy)
	LIENHOLDER MAILING ADDRESS		CITY OR TOWN	STATE ZIP CODE
<b>SECOND LIEN</b>	LIENHOLDER NAME		LIENHOLDER CODE	LIEN DATE (mm/dd/yyyy)
	LIENHOLDER MAILING ADDRESS		CITY OR TOWN	STATE ZIP CODE

Outstanding Lien Information (check one):

**OUTSTANDING LIEN:** The title certificate will be mailed to the lienholder if a recorded lien has not been satisfied. For evidence of lien satisfaction, the lienholder must indicate on the face of the title that the lien has been satisfied. The lienholder must sign the lien satisfaction. The title should then be forwarded to the owner. An original of a signed lien satisfaction on a lending institution's letterhead or from an individual lienholder is sufficient evidence of lien satisfaction.

**NO OUTSTANDING LIEN:** The title certificate will be given to the owner or authorized representative (if they can provide proof of identification). If authorizing a representative to receive the title, owner must complete the Authorized Representative information in section 4.

4. REPLACEMENT TITLE CERTIFICATE	
Sign and date one of the three sections to request a replacement title certificate due to the most recent title certificate being either (1) lost, (2) mutilated, or (3) illegible. A lienholder may apply for a replacement title without obtaining the owner(s) signature(s).	
<b>1. Lost Title</b>	
I/we certify that the most recent title is lost and request a replacement title. I/we hereby make application for a title certificate for the vehicle described herein and for that purpose certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.	
OWNER/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)
CO-OWNER SIGNATURE	DATE (mm/dd/yyyy)
LIENHOLDER SIGNATURE	DATE (mm/dd/yyyy)

LOG NUMBER

TITLE NUMBER

**2. Mutilated Title** (attach mutilated title)

I/we certify that the most recent title is mutilated and request a replacement title. I/we hereby make application for a title certificate for the vehicle described herein and for that purpose certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)
CO-OWNER SIGNATURE	DATE (mm/dd/yyyy)
LIENHOLDER SIGNATURE	DATE (mm/dd/yyyy)

**3. Illegible Title** (attach illegible title)

I/we certify that the most recent title is illegible and request a replacement title. I/we hereby make application for a title certificate for the vehicle described herein and for that purpose certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)
CO-OWNER SIGNATURE	DATE (mm/dd/yyyy)
LIENHOLDER SIGNATURE	DATE (mm/dd/yyyy)

**5. SUBSTITUTE TITLE CERTIFICATE**

Complete this section only when information on the previously issued certificate of title changes. Check applicable box(es):

<input type="checkbox"/> Legal name change	<input type="checkbox"/> Name change due to the death of the co-owner
<input type="checkbox"/> Address change and request new title be issued	<input type="checkbox"/> Add, remove, or change designated beneficiary (complete VSA 18)
<input type="checkbox"/> Request a clear title after liens have been satisfied	<input type="checkbox"/> Change the vehicle identification number (VIN) or assign a new VIN
<input type="checkbox"/> Change the name of the lienholder	<input type="checkbox"/> Change the name(s) of trustee(s) for a trust
<input type="checkbox"/> Other (explain)	

NAME(S) OF DOCUMENT(S) SUBMITTED TO SUPPORT CHANGE:

I/we hereby make application for a substitute title certificate for the vehicle described herein and for that purpose certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/we make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)
CO-OWNER SIGNATURE	DATE (mm/dd/yyyy)
LIENHOLDER SIGNATURE	DATE (mm/dd/yyyy)

**6. AUTHORIZED REPRESENTATIVE DESIGNATION**

The owner has an authorized representative submitting the completed VSA-67. In order for the authorized representative to receive the replacement/substitute title certificate, the owner must enter the name of the authorized representative and sign below. The authorized representative accepting the replacement/substitute title certificate for the owner must present proof of identification. If the authorized representative cannot provide proof of identification, the replacement/substitute title certificate will be mailed to the vehicle owner.

As the vehicle owner, I authorize the individual listed below to receive the replacement title certificate.

AUTHORIZED REPRESENTATIVE NAME	VEHICLE OWNER SIGNATURE	DATE (mm/dd/yyyy)
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**PRIVACY ACT NOTICE**

The information, including Social Security Number, is requested in accordance with §46.2-623 (Virginia Code). Any person who refuses to supply the required information will be denied a Certificate of Title and/or registration. Title and registration records may be disseminated in accordance with Virginia Code §§ 46.2- 208 through 46.2-214, to business, law enforcement, or authorized government entities.

**FOR DMV USE ONLY**

Title Released To	Date (mm/dd/yyyy)
PROOF OF IDENTIFICATION PRESENTED (specify)	
ID Document Type (specify)	ID Document Number