



LOST TITLE AFFIDAVIT

Please Print or Type

I hereby certify that Nevada Certificate of Title Number _____

Issued on _____ for a Year _____ Make _____ Model _____

VIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

was never received. In the event the referenced title is located, I will surrender it immediately to the Nevada Department of Motor Vehicles.

Department records indicate the title was mailed to:

Address City State Zip Code

and my mailing address is _____
Address City State Zip code

and my physical address is _____
Address City State Zip Code

Affiant's Printed Name _____

Nevada Driver's License, Identification Card Number, or Date of Birth _____

State of Nevada, County of _____

Subscribed and sworn to before me on _____
Date

By _____
Signature of Affiant

Notary Public or Authorized DMV Representative

Notary Stamp

*****For Department Use Only*****

The Central Services and Records Division in Carson City was contacted or _____
they verified that the title in question was not returned as undeliverable by the U.S. Postal Service.

Supervisor: _____
Name Title

The approval of this affidavit relieves the applicant/affiant of payment of the \$20.00 fee for issuance of a Duplicate Nevada Certificate of Title.

*Signatures must be originals. Photocopies are not acceptable.
Changes may not be made to this form once it is signed and witnessed.*