

STATE OF DELAWARE DIVISION OF MOTOR VEHICLES
 PO BOX 698 DOVER, DE 19903
WWW.DMV.DE.GOV

APPLICATION FOR:
 Corrected Title Weight Change
 Defaced Title Name Change
 VIN Correction



ORIGINAL CERTIFICATE OF TITLE MUST ACCOMPANY APPLICATION FOR CORRECTED TITLE.
 ODOMETER DISCLOSURE INFORMATION MUST BE COMPLETED FOR CORRECTED TITLES.

Delaware Tag Number	New Tag Number (Corrected Titles Only)	Last Title Issue Date	Last Expiration Date

Correct Mileage: From **To**

1. The mileage stated is in excess of its mechanical limits, and the reading started again at zero.
2. The odometer reading is not the actual mileage. ---WARNING

Failure to complete ODOMETER STATEMENT or providing a FALSE STATEMENT may result in fines and/or imprisonment. I/WE certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief.

Make		VIN		Year	
Color 1		Color 2		Body Style	

Registered Weight:	<input style="width: 90%; height: 25px;" type="text"/>	To	<input style="width: 90%; height: 25px;" type="text"/>
Change of VIN:	<input style="width: 90%; height: 25px;" type="text"/>	To	<input style="width: 90%; height: 25px;" type="text"/>
Change of Name:	<input style="width: 90%; height: 25px;" type="text"/>	To	<input style="width: 90%; height: 25px;" type="text"/>

Signature of Inspector Authorizing Change of Serial Number x _____
Corrected No Lien: \$35.00 **Corrected With Lien: \$55.00**

LIENS OR ENCUMBRANCES: SECURED PARTY NAME (Lien holder) AND ADDRESS (If None, State So)

Owner Name(s):

Address:

I (we) certify, under penalty of perjury, that the title to this vehicle is lost or destroyed. In the event the title is located, it shall be returned to the Division immediately.

X _____	<input style="width: 150px; height: 20px;" type="text"/>	X _____	<input style="width: 150px; height: 20px;" type="text"/>
Signature of Owner	Driver's License	Signature of Co-Owner	Driver's License

X _____
 SIGNATURE OF INDIVIDUAL OTHER THAN OWNER Driver's License Number

DO NOT FILL IN BOTH BLOCKS

<p style="text-align: center;">COMPLETE THIS BLOCK ONLY IF LIEN IS SATISFIED</p> <p>_____</p> <p>Date of Release</p> <p>_____</p> <p>Lienholder</p> <p>_____</p> <p>Authorized Representative</p>	<p style="text-align: center;">COMPLETE THIS BLOCK ONLY IF LIEN IS TO BE RE-ENTERED</p> <p style="text-align: center;">This is our written consent for the Motor Vehicle Director to issue a duplicate title in the above applicant's name.</p> <p>_____</p> <p>Lienholder</p> <p>_____</p> <p>Signature Position</p>
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