

# KANSAS

Department of Revenue  
Division of Vehicles  
Topeka, Kansas 66626-0001  
www.ksrevenue.org

# Kansas Manual Application for Duplicate, Secured, or Reissued Title

*Mail or Take Completed Application to Your Local County Treasurer's Office*

- CHECK ONE**
- \$ 10.00 **Duplicate Title** (Replaces previous title that was lost, stolen, or mutilated.) **\*CERTIFICATION REQUIRED**
  - \$ 10.00 **Secured Title** (Adds a lien holder to a title.) *Attach current Kansas title to this application.*
  - \$ 10.00 **Reissued Title** (Removes a lien holder to a title.) *Attach current Kansas title & lien release to this application.*

## VEHICLE INFORMATION

VIN 1234567891234567 Make Mercury Year 1999 License Plate \_\_\_\_\_

If Known Previous Title Number \_\_\_\_\_

Odometer Reading at the Time of Completing this Application \_\_\_\_\_

I, the owner of the above described vehicle, do hereby certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle, unless one of the following statements is checked:

- The mileage stated is in excess of its mechanical limits of the odometer.  The odometer reading is not actual mileage.  
**WARNING-Odometer Discrepancy**

## OWNER INFORMATION

(Owner's Name(s), as Printed on Last Title)

NOTE: The names on the registration receipt are listed the same as the names on the title.

N  
A Samantha Donnmyer  
M  
E  
(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number (615) 444-5555

MAIL TITLE TO: (MUST Check One)  To the owner's name and address above  To the name and address below.

Name Alpha Omega Consulting Group  
Address 716 Vauxhall Drive City Nashville ST TN ZIP 37221

**1st LIENHOLDER'S NAME** Alpha Omega Consultin  
Address 716 Vauxhall Drive City Nashville ST TN ZIP 37221

**2nd LIENHOLDER'S NAME** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**DUPLICATE TITLE CERTIFICATION** (This certification must be completed when applying for a duplicate title). I certify that I am the lawful owner of the vehicle described above and a Kansas Certificate of Title was issued to me and my original certificate of title has been (Check One).

- Lost  Mutilated (Attach title to application)  Has Become Illegible (Attach title to application)

I/we certify that I/we are the owner(s) of the above listed vehicle, that all liens and encumbrances, if any, are listed and that all information stated here in is true and correct.

Signature of Kansas Registered Owner(s) \_\_\_\_\_ Date \_\_\_\_\_  
If two or more persons are shown on the face of the title as owners with an "and" between the names, ALL persons must sign the application.  
NOTE: The names on the registration receipt are listed the same as the names on the face of the title.

**By my signature I swear or affirm that this is a true and correct statement. I am aware that law provides severe penalties for making false statements under oath.**

Signature of Kansas Registered Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

### INSTRUCTIONS

- Signature(s) of the owner(s) must match the name(s) on the face of the current Kansas title (REQUIRED ON ALL APPLICATIONS).
- To remove an existing lien, a notarized lien release is required.
- Record the name and address of the secured party/lienholder.
- A copy of the security agreement is NOT necessary.
- Current mileage is required.
- The Duplicate Title Certification must be completed when applying for a duplicate title.
- If a legal document or power of attorney is used, please attach it to the application.
- The current Kansas title must be attached to an application for secured or reissued title. If the current title has been destroyed or lost, application must be made for a duplicate title (duplicate/secured or duplicate/reissued).

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For Office Use Only