



CERTIFICATION OF OWNERSHIP
(Must Be Printed Or Typewritten In Black)

State of Tennessee, County of _____

I, _____, certify that I am the owner of
(Print or Type Name)

the vehicle described herein

Make _____ Year _____ Vehicle Identification Number _____ Model _____
Body _____ Mobile Home _____ Motorcycle _____
Type _____ Length and Width _____ Engine Number _____

and being duly sworn, state that:

(1) The vehicle was acquired on the _____ day of _____, 20 _____

from _____ whose address is
(Former Owner)

(Street) (City) (State) (Zip) (Telephone Number)

for \$ _____ This vehicle is subject to the following lien _____
(Price) (Lienholder)

(Street) (City) (State) (Zip) (Telephone Number)

I further certify that the vehicle is free and clear of all liens except those identified herein and shall guarantee title to any future owner.

(2) Applicant cannot furnish proper documents for the following reason(s): _____

REQUIRED DOCUMENTATION TO SUPPORT CERTIFICATION

(1) Certified letters with a Return Receipt Requested to be sent to all known parties with a legal interest in the vehicle requesting an assigned Certificate of Title.

(2) Verification of vehicle identification number by a law enforcement officer or licensed dealer.

NOTICE TO CERTIFIER

Read Before Completion

This certification is in lieu of proper documentation for complying with Motor Vehicle laws and shall not relieve the registrant of any past or future litigation resulting from ownership of described vehicle. Further, this certification shall be approved by decision only, based on conditions of ownership as evidenced by certifier.

Any person who fraudulently uses a false or fictitious name in any application for the registration of a vehicle or certificate of title, or knowingly conceals a material fact, or otherwise commits a fraud in any such application shall upon conviction be punished by the penalty prescribed under the Sentencing Reform Acts of 1989.

Under penalties of perjury, I hereby certify this information is correct to the best of my knowledge.

(Signature of Certifier) (Telephone Number)