



**DELAWARE DIVISION OF MOTOR VEHICLES
AFFIDAVIT TO SUPPORT AN APPLICATION FOR
A CERTIFICATE OF TITLE**

This affidavit shall only be used when a vehicle buyer has lost or never received a Certificate of Title for a purchased vehicle. The buyer shall make every attempt to obtain a duplicate title or the original title from the vehicle seller prior to using this affidavit. The buyer must provide sufficient proof to satisfy the Division that the vehicle was actually purchased. Approval from the Dover Administrative Office is required before this document may be used.

I agree to indemnify and hold harmless the State of Delaware and all public officials from the Delaware Division of Motor Vehicles from any and all liability that may accrue from issuance of a title for the so described vehicle.

I, _____, of _____
 (Print full name) (Street Address)

_____ do hereby petition the Delaware Division
 (City) (State) (Zip)

of Motor Vehicles to provide a title for a _____
 (Year) (Manufacturer)

_____ (Model) _____ (Vehicle Identification Number)

The following is a history of how the vehicle was obtained, and the reason I cannot obtain a title:

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. I understand the title provided by the Division is a conditional title and may be revoked in the event a previous owner produces a valid title for the vehicle. I agree to provide Part II (yellow copy) of the form to a buyer when I sell the vehicle.

 Signature of Buyer

 Signature of Buyer

 Printed Name of Buyer

 Printed Name of Buyer

WITNESSED BY Division of Motor Vehicles Employee

 Signature of DMV Employee

 Printed Name of DMV Employee

OR

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 19____.

