



State of Nebraska
Application for Certificate of Title

1	Vehicle or Motorboat Description	Fee \$10.00
<input type="checkbox"/> Salvage <input type="checkbox"/> Previously Salvaged <input type="checkbox"/> Flood <input type="checkbox"/> Non-Transferable <input type="checkbox"/> Manufacturer Buyback		
Vehicle Identification Number		Year
Make		Model
Body Style	Color	GVWR
Capacity/Propulsion		Taxi Use
<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Owner/Applicant Information (if more than three (3), please attach a second application)	
If more than one owner, do you wish clear rights of survivorship to be transferred to the surviving owner(s) in the event of the death of one owner? <input type="checkbox"/> No (probate will be required to transfer ownership - owner names separated with "And") <input type="checkbox"/> Yes (ownership will transfer to co-owner upon presentation of death certificate - owner names separated with "Or")		
Owner name/Last or business name*		
First Name		Middle Name
Nebraska Driver's License Number	Soc. Sec. Number	Employer Identification Number
		Date of Birth
2nd Owner name/Last or business name		
First Name		Middle Name
		<input type="checkbox"/> Check here if spouse of owner 1
Nebraska Driver's License Number	Soc. Sec. Number	Employer Identification Number
		Date of Birth
3rd Owner name/Last or business name*		
First Name		Middle Name
		<input type="checkbox"/> Check here if spouse of owner 1 or 2
Nebraska Driver's License Number	Soc. Sec. Number	Employer Identification Number
		Date of Birth
Transfer On Death Beneficiary(ies), if applicable: If indicated, upon death of last surviving owner, ownership of the vehicle will transfer to listed entity(ies). 1 st TOD _____ 2 nd TOD _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Name* *(Only first 35 positions will print on title) Name* </div>		
Owner's Residential Address, City, State, Zip		
Owner's Mailing Address, City, State, Zip		
3	Lien Information (please attach a second application for secondary lien notations)	Fee \$7.00
Is there a lien on this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete this section and provide a copy of the lien instrument with this application.		
Lien Holder Name: _____ PLID: _____		

Street	City	State
		ZIP
If there is a lien, are you a non-resident requesting a printed title for issuance of a title in your state of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The undersigned being duly sworn depose or affirm and say that the information provided on this application is true and complete. Use of a false or fictitious name, knowingly making a false statement or knowingly concealing a material fact in this application can result in a fine or imprisonment or both and cancellation of your certificate of title.		
Signature _____		Signature _____
Signature _____		Date _____
All owners listed above shall sign this Application except in the case where co-owners are spouses, one spouse may sign; where an owner provides proof he/she is handicapped or disabled or is too young to sign, a parent, legal guardian, foster parent or agent may sign; and if transferring from an out-of-state title when ownership is not changing, one owner may sign.		