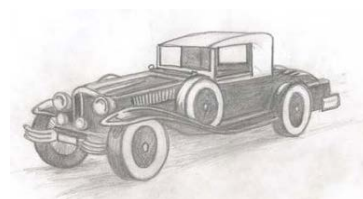




# Application for Reissuance of Certificate of Title for a Classic Assembled Motor Vehicle



Application should be presented to the Department of Motor Vehicles, Driver and Vehicle Records Division, P.O. Box 94789, Lincoln, NE 68509-4789 along with the following:

- **Current Nebraska Certificate of Title** (vehicle must have been identified as assembled prior to 4/12/2018)
- **Completed Qualified Car Club Representative Inspection Statement for Classic Assembled Motor Vehicles**
- **\$25.00 Fee**

## Vehicle Information

Vehicle Identification Number \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Style \_\_\_\_\_

Color \_\_\_\_\_ Capacity \_\_\_\_\_ GVWR \_\_\_\_\_

## Applicant Information

**Applicant(s) hereby state that he/she/they is/are the lawful owner(s) of the Classic Assembled Motor Vehicle described above and make reapplication for a Certificate of Title.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address (Street or RR and PO Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if other than above) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_