



Department of Motor Vehicles
 Post Office Box 27412
 Richmond, Virginia 23269-0001
 WEB SITE: www.dmvnow.com

APPLICATION FOR (Check One)

VSA 66 (Rev. 06/01)

- Supplemental Lien:** Submit original title unless the new lienholder is the same as the old lienholder and the lienholder is a participant in the electronic title program. Complete sections 1, 2, 3, 4 and 7.
- Transfer of Lien:** Submit original title unless the lienholder is a participant in the electronic title program. Complete sections 1, 2, 3, and 5.
- Replacement Title Certificate:** Will be issued only if the original is lost, mutilated or illegible. Once a replacement has been issued, prior title(s) are invalid. Complete sections 1, 2, (3 If applicable), and 7.
 ✓ Check one: Lost Mutilated Illegible
- Substitute Title Certificate:** Will be issued if there is a change in the information on the title. Complete sections 1, 2, (3 If applicable), 6 and 7.

LOG NUMBER

1. OWNER INFORMATION

Owner's Name (Last)	(First)	(Middle)	Social Security Number/Employer ID No.
Co-Owner's Name (Last)	(First)	(Middle)	Social Security Number/Employer ID No.
Mailing Address	Apartment #	City	State Zip Code

2. VEHICLE INFORMATION

Identification No.	Title No.	Plate No.	Plate Type
Vehicle Make	Model Year	Body Type	Weight

3. CURRENT LIEN INFORMATION

Check one: Printed Original Title Certificate Attached
 Original Title Certificate is Electronic Title (No paper title attached)

FIRST LIEN	Lienholder's Name	Electronic Lienholder's Code	Date of Lien
	Address	City	State Zip Code
SECOND LIEN	Lienholder's Name	Electronic Lienholder's Code	Date of Lien
	Address	City	State Zip Code

TITLE NUMBER

4. SUPPLEMENTAL LIEN

COMPLETE THIS SECTION ONLY if you wish to record a supplemental lien.

The priority of security interest will be determined according to the date of filing of the application (§46.2-637 of the Code of Virginia)

Lienholder's Name	Lienholder's Code	Date of Lien Filing
Address	City	State Zip Code

5. TRANSFER OF LIEN

COMPLETE THIS SECTION ONLY if you wish to transfer a lien.

Lienholder's Name	Lienholder's Code	Date of Lien Filing
Address	City	State Zip Code

The undersigned lienholder acknowledges this to be their free and voluntary act.

 Current Lienholder By _____ Date _____

 Current Lienholder By _____ Date _____

6. SUBSTITUTE TITLE CERTIFICATE

COMPLETE THIS SECTION ONLY when information on the previously issued Virginia Title Certificate changes.

Name of document(s) submitted to make change: _____

ANY WILLFUL MISINFORMATION GIVEN WITH FRAUDULENT INTENT MAY BE PUNISHABLE AS PROVIDED BY LAW.

I/We hereby make application for a title certificate for the vehicle described herein and for that purpose certify that the above facts are true and valid. All owners must sign when application is made for Supplemental Lien, Replacement Title Certificate and Substitute Original Title Certificate. (Lienholder's sign section 5 for Transfer of Lien).

7. OWNER'S SIGNATURES

Signature of Owner(s) _____ Date _____

Signature of Co-Owner(s) _____ Date _____

See Reverse Side For Additional Information on Replacement Title Certificate

REPLACEMENT TITLE CERTIFICATES

DELIVERY PROCEDURES

1. **NO OUTSTANDING LIEN:** The Replacement Title Certificate will be mailed to the vehicle owner unless a person presenting the owner's application can provide identification and is the owner's authorized representative.
2. **OUTSTANDING LIEN:** The Replacement Title Certificate will be mailed to the lienholder if a recorded lien has not been satisfied. For evidence of lien satisfaction, the lienholder must indicate on the face of the title that the lien has been satisfied. The lienholder must sign the lien satisfaction. The title should then be forwarded to the owner. An original of a signed lien satisfaction on a lending institution's letterhead or from an individual lienholder is sufficient evidence of lien satisfaction.

INSTRUCTIONS FOR REPLACEMENT TITLE CERTIFICATE ONLY

1. Complete Application Form VSA-66, and pay the fee.
2. If the person returning the completed Form VSA-66, is not the owner or a lienholder, the owner must submit this form with the following written authorization.
3. Authorized person accepting Replacement Title Certificate for owner must present identification.

AUTHORIZATION FOR RECEIPT OF CERTIFICATE OF TITLE

I _____, authorize _____
(Name of Vehicle Owner) (Name of Authorized Representative)

to receive my Replacement Title Certificate from DMV.

(Owner's Signature) Date: _____

DMV USE ONLY

Title Released To:

Date:

Type of Identification Presented:

Number from Identification Presented:

PRIVACY ACT NOTICE

The information, including Social Security Number, is requested in accordance with §46.2-623 (Code of Virginia). Any person who refuses to supply the required information will be denied a Certificate of Title and or registration. Titles and registration records may be disseminated in accordance with §46.2-208 through §46.2-214, to business, law enforcement, or authorized government entities.