



*Miami Tribe of Oklahoma
Business Regulatory Commission
P.O. Box 1326
Miami, OK 74355
(918) 542-1445*

APPLICATION FOR REPLACEMENT CERTIFICATE OF TITLE FOR VEHICLE/TRAILOR/MOTORCYCLE

MIAMI BUSINESS REGULATORY COMMISSION

MODEL YEAR AND MAKE _____

TITLE NUMBER (IF KNOWN) _____ VIN _____

TAG NUMBER (IF KNOWN) _____ DECAL NUMBER _____

(NOTE: Current Oklahoma registration is required, unless vehicle record owner is no longer an Oklahoma resident and replacement title is to be mailed to another state.

RECORD OWNERS NAME AND COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

I, the undersigned lawful owner of the above described vehicle, hereby state that my certificate of title has been misplaced, lost, or destroyed, resulting in this application for a replacement certificate of title. I acknowledge that this replacement title will render invalid all earlier title certificates to this vehicle. I understand that any false statement on this application may subject me to prosecution.

Signature of Record Owner: _____

Mail to: Miami Business Regulatory Commission

PO Box 1326

Miami, OK 7435