Processing for NORTH CAROLINA

INFORMATION

DEALER

Dealership

Address

City, State, ZIP

VEHICLE

Year, Make, Model

VIN

Milage

Gross Vehicle Weight

CUSTOMER

Name

Address

City, State, ZIP

DEAL

Deal Number

Transfer Plate Number

Expiration Date

INSURANCE

Policy Number

Company (ie: Farmers, Geico, State Farm

LIENHOLDER

Name

Address

City, State, ZIP

ELT Code

CHECKLIST

TITLE (can be signed by POA)

☐ The original Title and any supporting reassignments

*** If there is a spot for notarization, it must be notarized**

TITLE APPLICATION

☐ Completed Title Only Application FORM MVR-1

BILL OF SALE / RETAIL PURCHASE AGREEMENT

☐ Completed Bill of Sale Form / Retail Purchase Agreement

PROOF OF IDENTIFICATION (Individual)

☐ Copy of Valid North Carolina Drivers License

☐ Out of State Drivers License - must provide 2 proofs of residency / Lease agreement or property tax statement

Other acceptable items for proof of residency

***Bank Statement *Certified court document *Insurance policy/card**
***Pay stub *Phone bill *School transcript or report card *Voter registration card**

PROOF OF IDENTIFICATION (Business) SELECT ONE

☐ Copy of Official Document listing Federal ID Number

☐ Tax Certificate

☐ Articles of Incorporation

CHECKLIST (continued)

ODOMETER DISCLOSURE FORM

- ☐ Completed Odometer Disclosure Statement FORM MVR-180

PROOF OF INSURANCE (Insurance Card that has the following)

- ☐ Policy Number
- ☐ Effective and Expiratin Date
- ☐ Name of Registrant
- ☐ Must have Sale Vehicle

TRANSFER REGISTRATION

- ☐ Provide a copy of current registration

LIEN ASSIGNMENT

- ☐ Completed Lien Assignment Form UCC AND/OR Full Finance Contract

POWER OF ATTORNEY

- ☐ Completed Power of Attorney Form MVR-63

MVR-1
(Rev. 05/17)

North Carolina Division of Motor Vehicles

TITLE APPLICATION

CHECK Appropriate Block/s (Application cannot be processed without certification of services)

- ☐ Title Only – Vehicle Not in Operation
- ☐ Title and License Plate
  Class of License _____
- ☐ Inoperable Vehicle – Vehicle substantially disassembled and unfit or unsafe to be operated on the highway
- ☐ Truck Weight Desired _____
  (This includes the truck, trailer and load)
- ☐ Plate No. Transferred _____
  (List Plate Number and Expiration)
- ☐ Limited Registration Plate
  (When property taxes are deferred)

For Hire Vehicle
☐ Yes or ☐ No

I certify that all the above information is correct. _____ (Customer's Initials)

VEHICLE SECTION

YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE	ODOMETER READING

OWNER SECTION

Owner 1 ID # _____ _____
Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name

Owner 2 ID # _____ _____
Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name

Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block: **Yes** ☐ **No** ☐

Residence Address (Individual) Business Address (Firm)	City and State	Zip Code	
Mail Address (if different from above)	**City and State**	**Zip Code**	
Vehicle Location Address (if different from residence address above)	**City and State**	**Zip Code**	**Tax County**

LIEN SECTION

FIRST LIEN Account #		**SECOND LIEN** Account #	
Date of Lien	Maturity Date (MH)	Date of Lien	Maturity Date (MH)
Lienholder ID #	**Lienholder Name**	**Lienholder ID #**	**Lienholder Name**
Address Address _____		**Address** _____	
City _____ **State** _____ **Zip Code** _____		**City** _____ **State** _____ **Zip Code** _____	

I certify for the motor vehicle described above that I have financial responsibility as required by law.

_____ Insurance Company authorized in N.C.

_____ Policy Number

Purchased ☐ New ☐ Used	Purchase Date	From Whom Purchased (Name and Address)	N.C. Dealer No.	Is this vehicle leased? If Yes, Attach Form MVR-330 ☐ Yes ☐ No	Equipment #

DISCLOSURE SECTION

All motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked.
☐ I (We) would like the personal information contained in this application **to be available for disclosure.**

APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.

I (we) am (are) the owner(s) of the vehicle described on this application and request that a North Carolina Certificate of Title be issued. I (we) certify that the information on the application is correct to the best of my (our) knowledge. The vehicle is subject to the liens named and no others. If a registration plate is issued or transferred, I (we) further certify that there has not been a registration plate revocation and that liability insurance is in effect on this vehicle on the date of this application as required by the North Carolina Financial Security Act of 1957.

OWNER'S SIGNATURE _____

Date _____ County _____ State _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____(name(s) of principal(s)).

Notary Signature _____

Notary Printed or Typed Name _____

(SEAL)

My Commission Expires _____

MVR-180
(Rev. 2/24)

North Carolina Division of Motor Vehicles

ODOMETER DISCLOSURE STATEMENT

ALTERATIONS OR ERASURES VOID THIS FORM

Federal and State law require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

VEHICLE SECTION

YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER

DISCLOSURE SECTION

I, *(seller's printed name)* _____ state that the odometer now reads *(miles, no tenths)* _____ miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described above, unless one of the following statements is checked.

☐ (1) I hereby certify that the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ (2) I hereby certify that the odometer reading is ***not*** the actual mileage. **WARNING –ODOMETER DISCREPANCY.**

SELLER SECTION

SELLER'S SIGNATURE *CERTIFYING ODOMETER READING*	SELLER'S PRINTED NAME	
SELLER'S ADDRESS		
CITY	STATE	ZIP CODE
DATE OF CERTIFICATION		

BUYER SECTION

BUYER'S SIGNATURE *ACKNOWLEDGING ODOMETER READING AS CERTIFIED*	BUYER'S PRINTED NAME	
BUYER'S ADDRESS		
CITY	STATE	ZIP CODE
DATE OF CERTIFICATION		

The provisions of this disclosure statement section shall not apply to the following transfers:

(1) A vehicle having a gross vehicle weight rating of more than 16,000 pounds.
(2) A vehicle that is not self-propelled.
(a) A vehicle that is 20 years old or older. Vehicle models 2010 or older are exempt at 10 years of age and vehicle models 10 years or newer are exempt at 20 years of age.
(3) A new vehicle prior to its first transfer for purposes other than resale.
(4) A new vehicle sold directly by the manufacturer to any agency of the United States in conformity with contractual specifications.

MVR-63
(Rev. 12/22)

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That the undersigned:

_____
(BUYER) (SELLER) OR (LEGAL OWNER)

of the following described motor vehicle:

Year _____ Make _____

Body Style _____ Series _____

VIN _____ _____

does hereby authorize and irrevocably appoint:

_____
(ATTORNEY)

my (or our) true and lawful attorney to sign in the name, place and stead of the undersigned, any certificate of title covering the vehicle described above in whatever manner necessary to effect the transfer of such title, application for a duplicate of such title, or application for a new certificate of title of said vehicle as (he) (she) may deem fit and proper, hereby ratifying and confirming whatever action said Attorney shall or may take by virtue hereof in the premises. May not be used when title is held by lienholder.

IN WITNESS WHEREOF, the undersigned has executed this instrument this

_____ day of _____, _____

_____
(FULL SIGNATURE OF OWNER)

Date: _____ County_____ State_____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

_____
(NAME(S) OF PRINCIPAL(S)

Notary Signature _____

Printed or typed name _____

(SEAL) My commission expires: _____

*Titles held by a lienholder either physically or electronically will require a MVR-63A, Secure Power of Attorney. Made fillable by eForms

Limited Power of Attorney

Date:_____

I, _____

hereby name and appoint _____

or _____

to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my name and sign their name in my behalf. My attorney-in-fact can also file for and collect any overpayment of fees and taxes from the state office to which said overpayment was remitted. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same.
With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in respect of registering or titling the below- referenced vehicle.

Year: _____ Make:_____ VIN: _____

Transferor's Signature: _____

On this _____ day of _____ 20_____ before me personally appeared

_____ whose identity was proven to be based on satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

_____

(Affix Seal Here)

THIS FORM IS INVALID WITHOUT NOTARIZATION