

REQUEST FOR WITHDRAWAL



SECRETARY OF STATE
BUREAU OF MOTOR VEHICLES
DIVISION OF TITLE SERVICES

(Use this form to request the withdrawal of an application for Certificate of Title)

Date _____

NOTE: If the vehicle is currently registered to the applicant listed below, the Application for Title cannot be withdrawn.

CTA #	Application submitted to Bureau of Motor Vehicles by:			Date Submitted
Owner's Name as Listed on Application	Year	Make	Vehicle Identification Number	

The undersigned request the withdrawal of an application for Certificate of Title as follows:

This request is made for the following reason:

Check one

- ☐ Sale not finalized.
☐ Vehicle being registered in another state.
☐ Other _____

(specify reason)

The undersigned authorize the Secretary of State to mail or deliver the documents submitted in support of this application to: (check one and indicate name and address if necessary.)

☐ **OWNER** ☐ **DEALER** ☐ **LIENHOLDER** ☐ **OTHER**

(specify name and address if other than shown on application)

* * * * * The undersigned understands that fees submitted in payment of an application for Certificate of Title is * * * * * forfeited when application is withdrawn. (Rules promulgated by the Secretary of State May 7, 1979)

Subscribed by me under penalties of false statement.

X

Owner(s) sign here, (as listed on application). If multiple ownership, all owners must sign. An authorized representative may sign for a company owner.

X

Dealer sign here (authorized representative), if application originated with dealer.

X

Lender sign here, (authorized representative), if vehicle is financed.