Department of the Secretary of State Bureau of Motor Vehicles



Division of Title Services

TITLE APPLICATION SUMMARY LOG

This form must accompany all Applications for Titles submitted (Not required for pre-validated applications)

- Applications must be stapled
 Applications must be in the same order as listed on form MVT-56

CTA#	OWNER'S NAME (LAST, FIRST)	VIN#	PURCHASE DATE
TOTAL \$			
CHECK #			
BUSINESS NAME:			
ADDRESS:			
PHONE NUMBER:			
EMAIL:			
AUTHORIZED AGENT'S SIGNATURE:			
DATE:			

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