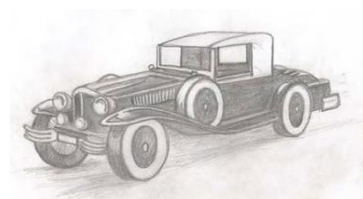




Application for Reissuance of Certificate of Title for a Classic Assembled Motor Vehicle



Application should be presented to the Department of Motor Vehicles, Driver and Vehicle Records Division, P.O. Box 94789, Lincoln, NE 68509-4789 along with the following:

- **Current Nebraska Certificate of Title** (vehicle must have been identified as assembled prior to 4/12/2018)
- **Completed Qualified Car Club Representative Inspection Statement for Classic Assembled Motor Vehicles**
- **\$25.00 Fee**

Vehicle Information

Vehicle Identification Number _____

Year	Make	Model	Body Style
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Color	Capacity	GVWR
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Applicant Information

Applicant(s) hereby state that he/she/they is/are the lawful owner(s) of the Classic Assembled Motor Vehicle described above and make reapplication for a Certificate of Title.

Last Name	First Name	Middle Initial	*Personal Identifier
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Last Name	First Name	Middle Initial	*Personal Identifier
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Last Name	First Name	Middle Initial	*Personal Identifier
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Address (Street or RR and PO Box)	City	State	Zip
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Mailing Address (if other than above) _____

Signature of Applicant	Signature of Applicant
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Signature of Applicant	Date
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*Personal Identifier = Nebraska Driver license number, if available.
If Driver license not available, provide either a Social Security number or date of birth.