



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

APPLICATION FOR TITLE NEVER RECEIVED

(Check Appropriate Box Below)

Never Received Regular Certificate of Title

● This application can be made **ONLY** by the title holder(s). The title holder is the security interest holder with the highest priority; or if none, the lessor; or if none, the registered owner(s). ● This application can be made only when at least **30 days** have elapsed from the date the title was issued to be sure it is not still in transit. ● **If more than six months have passed** from the date the title was issued, an *Application for Replacement Title* (Form 735-515) must be used and the replacement title fee paid.

Never Received Salvage Certificate of Title

● This application can be made **ONLY** by the title holder(s). The title holder is the registered owner(s) shown on the salvage title. ● This application can be made only when at least **20 days** have elapsed from the date the salvage title was issued to be sure it is not still in transit. ● **If more than six months have passed** from the date the salvage title was issued, an *Application for Replacement Salvage Title* (Form 735-230) must be used and the replacement salvage title fee paid.

BATCH CODE

ORIGINAL TRANSACTION DATE		DMV OFFICE NAME		DMV OFFICE NUMBER	
PLATE NUMBER	YEAR	MAKE	STYLE		
VEHICLE IDENTIFICATION NUMBER			TITLE NUMBER (IF KNOWN)		
PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE (check one) <input type="checkbox"/> REGISTERED OWNER OR <input type="checkbox"/> LESSEE			ODL / ID / CUSTOMER #	DATE OF BIRTH	
RESIDENCE ADDRESS - (If owner is a business, use business address)			MAILING ADDRESS - (If different from residence)		
CITY, STATE, ZIP CODE		COUNTY OF RESIDENCE	CITY, STATE, ZIP CODE		COUNTY OF MAILING
PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF JOINT OWNER OR LESSEE			ODL / ID / CUSTOMER #	DATE OF BIRTH	
PRINT FULL LEGAL NAME: LAST, FIRST, MIDDLE OF JOINT OWNER OR LESSEE			ODL / ID / CUSTOMER #	DATE OF BIRTH	
ONE-TIME MAILING ADDRESS (For this transaction only - address will not show on your customer record)			VEHICLE ADDRESS - (Location of vehicle if different from residence)		
CITY, STATE, ZIP CODE			CITY, STATE, ZIP CODE		COUNTY (of vehicle address or use)
SECURITY INTEREST HOLDER (Bank, Finance Company, Person, etc.)			ODL / ID / CUSTOMER #	DATE OF BIRTH	
SECURITY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE					TELEPHONE # ()
SECONDARY INTEREST HOLDER (Bank, Finance Company, Person, etc.)			ODL / ID / CUSTOMER #	DATE OF BIRTH	
SECONDARY INTEREST HOLDER ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE					TELEPHONE # ()
LESSOR (Complete only if lessee is shown as owner above)			ODL / ID / CUSTOMER #	DATE OF BIRTH	
LESSOR ADDRESS - INCLUDE STREET / CITY / STATE / ZIP CODE					TELEPHONE # ()

I (we) certify the original title for this vehicle was never received.
ALL TITLE HOLDERS MUST SIGN

SIGNATURE OF OWNER X	SHADED AREA FOR OFFICE USE ONLY
SIGNATURE OF OWNER X	
SIGNATURE OF JOINT OWNER OR LESSEE X	NO FEE
SIGNATURE OF SECURITY INTEREST HOLDER AND/OR LESSOR X	TRANSCODE 09
SIGNATURE OF SECURITY INTEREST HOLDER AND/OR LESSOR X	PROCESSING 5
SIGNATURE OF SECURITY INTEREST HOLDER AND/OR LESSOR X	COUNTER DATE STAMP/INITIALS