



Miami Tribe of Oklahoma  
 Business Regulatory Commission  
 P.O. Box 1326  
 Miami, OK 74354  
 {918} 541-1397

APPLICATION FOR REPACEMENT CERTIFICATE OF TITLE FOR VEHICLE/TRAILER/MOTORCYCLE

MIAMI BUSINESS REGULATORY COMMISSION

MODEL YEAR AND MAKE \_\_\_\_\_

TITLE NUMBER (IF KNOWN) \_\_\_\_\_ VIN \_\_\_\_\_ TAG

NUMBER (IF KNOWN) -----DECAL NUMBER \_\_\_\_\_ (NOTE:

Current Oklahoma registration is required, unless vehicle record owner is no longer an Oklahoma resident and replacement title is to be mailed to another state)

RECORD OWNERS NAME OR COMPANY \_\_\_\_\_

MAILING ADDRESS. \_\_\_\_\_

CITY \_\_\_\_\_ STATE. \_\_\_\_\_ ZIP \_\_\_\_\_

*/,the undersigned lawful owner of the above described vehicle, hereby state that my certificate of title has been misplace, lost, or destroyed, resulting in this application for a replacement certificate of title. I acknowledge that this replacement title will render invalid all earlier title certificates to this vehicle. I understand that any false statement on this application may subject me to prosecution.*

Signature of Record Owner: \_\_\_\_\_

Mail To:  
**MBRC**  
 P.O. Box 1326,  
 Miami, OK 74355