



**OKLAHOMA TAX COMMISSION/MOTOR VEHICLE DIVISION  
AFFIDAVIT FOR TRANSFER OF OWNERSHIP FOLLOWING LOSS OF ASSIGNED OKLAHOMA TITLE**

This application may be utilized only when a properly assigned Oklahoma Certificate of Title was delivered to the applicant by the previous owner and the applicant has lost that certificate.

**Please Note:** This application must be accompanied by confirming ownership transfer documentation (i.e. notarized bill of sale; cancelled check), as well as completed odometer disclosure statements (if a motor vehicle less than 10 years old), for each ownership assignment outlined below.

I, the undersigned, state I was in possession of, and have lost, the described Oklahoma Certificate of Title, and that title certificate was properly assigned to me and others (if applicable) as described and in the sequence outlined below.

Oklahoma Certificate of Title Number: \_\_\_\_\_

Issued To (record owner): \_\_\_\_\_

Vehicle Identification/Serial Number of Vehicle: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Model Year: \_\_\_\_\_

License Plate and Registration Decal: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

**1ST OWNERSHIP ASSIGNMENT**

Assigned To: \_\_\_\_\_ Date of Assignment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer License Number (if applicable): \_\_\_\_\_

**2ND OWNERSHIP ASSIGNMENT**

Assigned To: \_\_\_\_\_ Date of Assignment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer License Number (if applicable): \_\_\_\_\_

**3RD OWNERSHIP ASSIGNMENT**

Assigned To: \_\_\_\_\_ Date of Assignment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer License Number (if applicable): \_\_\_\_\_

**LIENHOLDER INFORMATION**

This Vehicle is Currently Subject to the Following Lien (if none, indicate "None" below):

Lienholder Name and Address: \_\_\_\_\_

Date/Time of Lien Filing: \_\_\_\_\_

**APPLICANT SIGNATURE / NOTARY**

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

Owner's Driver License Number: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_ §:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, Notary Public

Notary Seal