Application for Duplicate Title
$16.50
(Payable by Check or Money Order Only - Payable to the Commonwealth of Massachusetts)

Instructions:
Please read the following instructions before completing this application. This application will be returned if not completed properly.

1. If the present title is mutilated or illegible, this title certificate must accompany the application for a duplicate.

2. A person recovering an original certificate of title for which a duplicate has been issued, shall promptly surrender the original to the Director.

3. Application fee is waived only for non-receipt of title claims made within 45 days after the original title effective or issue date.

4. If you obtained a loan for this vessel, please check with your lienholder (e.g., bank) first to see if they have your title. If they do not have your title, and there is a current lien on the vessel, please contact lienholder to apply for a duplicate title. Lienholder must complete this application for a duplicate title, regardless the age of the loan.

Note: This is not an application to update information or make any changes to an existing title or lienholder. Please use the Registration and Titling Application (ELE #1) for this request.

I, _______________________________ hereby make my application for duplicate certificate of title, which the original was:

Must check one:  [ ] Lost  [ ] Not Received  [ ] Stolen  [ ] Mutilated  [ ] Destroyed

<table>
<thead>
<tr>
<th>Registration #</th>
<th>Year</th>
<th>Make</th>
<th>HIN</th>
<th>Title Number</th>
</tr>
</thead>
</table>

Name: Last, First, Middle

Lienholder’s Name and Address on Title:

I affirm that all statements herein are true to the best of my knowledge and belief. (False statements are punishable by fine, imprisonment, or both.)

Signature ___________________________ Date ______________

Note: The duplicate certificate of title will only be mailed to the owner’s mailing address entered on the Office of Law Enforcement database. Mail the duplicate to address below:

Check box if you are authorizing the Office of Law Enforcement to change your address.

Date: ______________  FTN#: ______________  Clerk’s Initials: ______________