



Commonwealth of Massachusetts  
Office of Law Enforcement  
251 Causeway Street  
Boston, Massachusetts 02114-2153

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 leinholder. 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**

Registration #	Year	Make	HIN	Title Number

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:
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