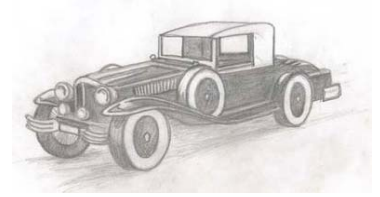


**Application for
 Reissuance of Certificate
 of Title for a Classic
 Assembled Motor Vehicle**



Application should be presented to the Department of Motor Vehicles, Driver and Vehicle Records Division, P.O. Box 94789, Lincoln, NE 68509-4789 along with the following:

- Current Nebraska Certificate of Title
- Completed Qualified Car Club Representative Inspection Statement for Classic Assembled Motor Vehicles
- \$25.00 Fee

Vehicle Information

Vehicle Identification Number _____

Year _____ Make _____ Model _____ Body Style _____

Color _____ Capacity _____ GVWR _____

Applicant Information

Applicant(s) hereby state that he/she/they is/are the lawful owner(s) of the Classic Assembled Motor Vehicle described above and make reapplication for a Certificate of Title.

 Last Name First Name Middle Initial

 Last Name First Name Middle Initial

 Last Name First Name Middle Initial

 Address (Street or RR and PO Box) City State Zip

 Mailing Address (if other than above)

 Signature of Applicant Signature of Applicant

 Signature of Applicant Date