



APPLICATION FOR JUNKING CERTIFICATE

(Print or Type)

Owner 1 DL No.: _____

Owner 2 DL No.: _____

Social Security No.: _____

Social Security No.: _____

Owner 3 DL No.: _____

Dealer License No.: D - _____

Social Security No.: _____

Owner 1: _____ ownership: _____

Owner 2: _____

Owner 3: _____

Address: _____

City/State: _____

Type: _____ Make: _____ Year: _____ VIN: _____
(Vehicle Identification Number)

Previous Title No.: _____ State of Issue: _____

PLEASE READ:

A Junking Certificate issued by the county treasurer shall authorize the holder to possess, transport, or transfer by endorsement the ownership of the junked vehicle. The person or persons who obtain the first Junking Certificate are the only persons allowed to request the title to the vehicle to be reinstated. To reinstate a title, an application must be filed and the appropriate fees paid within 14 days of the date the first Junking Certificate was issued. **NO FURTHER TITLING** of this vehicle is allowed except if the vehicle is 25 years old or older the person may then make application for a certificate of title under the bonding procedure as provided in section 321.24.

APPLICATION IS HEREBY MADE FOR ISSUANCE OF A JUNKING CERTIFICATE

*I hereby understand that **NO FURTHER TITLING** of this vehicle is allowed except as outlined above.*

Signature of Applicant (Owner) 1

Date

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Date

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Date