



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
1535 Old Hot Springs Rd, Suite 60
Carson City, NV 89706
(775) 687-2060 • Fax (775) 687-5521

APPLICATION FOR DUPLICATE OWNERSHIP CERTIFICATE

1. Serial No. _____ Year: _____ Manufacturer: _____

Date Nevada Title Issued: _____ Trade Name: _____ Size: _____

2. REGISTERED OWNER:

LIENHOLDER:

Name: _____ Name: _____

Address: _____ Address: _____

City State Zip Code City State Zip Code

3. I certify that I am the legal owner of this structure and that the original Ownership Certificate has been Lost, Stolen, Destroyed

Signature of Registered/Legal Owner

Signature of Registered/Legal Owner

State of _____ County of _____

Subscribed and sworn to before me, _____ a Notary Public, this _____ day of _____, 20____ by _____.

Notary Public

5. Sent by: _____ Date sent: _____

Address: _____
City State Zip Code

6. NRS 489 makes it a gross misdemeanor to furnish false information to the Division regarding any security interest or to falsify any document or application to obtain a Certificate of Ownership.