

**NYSADA-SNYADS
37 ELK STREET
ALBANY, NY 12207**

EXPRESS DUPLICATE TITLE COVERSHEET

Phone # 518-463-1148 Fax # 518-463-0995

DEALERSHIP NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DEALERSHIP PHONE: _____ **FAX#:** _____

CONTACT NAME: _____ **EXT#** _____

TRANSACTION AMOUNT: \$56.00 PER APPLICATION

Check# if applicable _____

Credit card number _____ **Exp. Date** _____

(AMERICAN EXPRESS, MASTER CARD ,AND VISA ONLY)

Cardholder's billing address _____

Cardholder's signature _____

NOTE: CARDHOLDERS SIGNATURE AUTHORIZES \$56.00 CHARGE TO THEIR ACCOUNT FOR DUPLICATE TITLE PROCESSING

Applicant's name: _____

Vehicle ID#: _____

Vehicle Year and Make: _____

BEFORE FAXING PLEASE VERIFY THE FOLLOWING:

- =>The application for duplicate certificate of title and authorization for dealer the receive duplicate certificate of title on behalf of the owner have been signed by the applicant. No one other than the applicant may sign either form.
- =>Your dealership letterhead and facility ID# appear on the dealer's authorization letter.
- =>The applicant's date of birth (if required) is on the application for duplicate certificate of title.
- => The billing address is correct for the listed credit card.

FIVE DOCUMENTS SHOULD BE FAXED:

- => The duplicate title cover sheet.
- =>The application for duplicate certificate of title (DMV form MV 902).
- =>The authorization for dealer to receive duplicate certificate of title on behalf of the vehicle owner.
- =>The proof of identification as required by the Department of Motor Vehicles.
- => The registration or a copy of the title to the vehicle.

****NYSADA Members Entitled to Discounted Price of \$ 53.00**