



STATEMENT OF PARTNERSHIP OR JOINT OWNERSHIP

Use this form in conjunction with a Vehicle Registration/Title Application (MV-82) when more than two persons are partners or joint owners of a vehicle.

Please print in blue or black ink.

Plate Number: _____

Type of Registration: _____

Name(s) in which vehicle is registered: _____

OFFICE USE ONLY	
<input type="checkbox"/> Original	<input type="checkbox"/> Transfer
<input type="checkbox"/> Renewal	<input type="checkbox"/> Amendment

Additional Members of Partnership

Last Name	First	M.I.	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

City or Town	State	Zip Code	Client ID Number
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Last Name	First	M.I.	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

City or Town	State	Zip Code	Client ID Number
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Last Name	First	M.I.	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

City or Town	State	Zip Code	Client ID Number
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Last Name	First	M.I.	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

City or Town	State	Zip Code	Client ID Number
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THE FOLLOWING STATEMENT MUST BE SIGNED BY A MEMBER OF THE FIRM OR JOINT OWNERSHIP.

I CERTIFY THAT I AM A MEMBER OF THE FIRM OR JOINT OWNERSHIP MAKING THIS APPLICATION.



Signature

Title