



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 |
|-----------|-------|------|----------------------|--|

Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

| | | | |
|--------------|-------|----------|------------------|
| City or Town | State | Zip Code | Client ID Number |
|--------------|-------|----------|------------------|

| | | | | |
|-----------|-------|------|----------------------|--|
| Last Name | First | M.I. | Date of Birth / / | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|-----------|-------|------|----------------------|--|

Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

| | | | |
|--------------|-------|----------|------------------|
| City or Town | State | Zip Code | Client ID Number |
|--------------|-------|----------|------------------|

| | | | | |
|-----------|-------|------|----------------------|--|
| Last Name | First | M.I. | Date of Birth / / | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|-----------|-------|------|----------------------|--|

Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

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| | | | | |
|-----------|-------|------|----------------------|--|
| Last Name | First | M.I. | Date of Birth / / | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|-----------|-------|------|----------------------|--|

Number and Street (Mailing Address Including Rural Delivery, Box No. and/or Apt. No.)

| | | | |
|--------------|-------|----------|------------------|
| City or Town | State | Zip Code | Client ID Number |
|--------------|-------|----------|------------------|

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.

X

Signature

Title