



*Department of
the Secretary of State
Bureau of Motor Vehicles*

Division of Title Services

TITLE APPLICATION SUMMARY LOG

This form must accompany all Applications for Titles submitted
(Not required for pre-validated applications)

- Applications must be stapled
- Applications must be in the same order as listed on form MVT-56

CTA#	OWNERS NAME (LAST, FIRST)	VIN #	PURCHASE DATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Total\$ _____

Check#: _____

BUSINESS NAME _____ ADDRESS _____

AUTHORIZED AGENT'S SIGNATURE _____ Dealer Number. _____

TEL.NO _____ EMAIL ADDRESS: _____

DATE _____

THIS FORM MAY BE REPRODUCED