



# TOM ORLANDO

LORAIN COUNTY CLERK OF COURTS

AUTO TITLE & PASSPORT DIVISION  
226 MIDDLE AVENUE  
FIRST FLOOR  
ELYRIA, OH 44035

## AUTO TITLE & PASSPORT DIVISION RECORD SUFFICIENCY FORM

### SECTION 1: TO BE COMPLETED BY PERSON REQUESTING RECORD - LORAIN COUNTY RESIDENTS OR BUSINESSES ONLY. PRINT OR TYPE LEGIBLY.

#### A ALL APPLICANTS MUST PROVIDE COMPLETE CONTACT INFORMATION.

\*Applicant Name:

\*Street Address:

\*Company Name (if applicable):

\*City:

State: OHIO

\*Zip:

\*E-mail Address:

\*Daytime Telephone Number: ( )

\* Indicates a required field.

I am in possession of the following  motor vehicle  APV  off-highway motorcycle  
 underspeed vehicle  trailer weighing 4,000 lbs or more  watercraft 14 ft or greater  
length/outboard motor over 10 HP as described below:

YEAR (if known):

MAKE:

MODEL (if known):

VIN/HIN/SERIAL #:

ODOMETER READING (if applicable):

actual mileage  non-actual/unkn

**B** I  do  do not have an original title in my possession. If you do have a title, please provide all of the following information; otherwise skip to **C**:

State of issuance:

County of issuance:

Title #:

Has ownership of the vehicle/watercraft been assigned to you on this title?  yes  no

Seller/transferor name on front of title:

Seller/transferor street address:

Seller/transferor city, state, zip:

Is there an active lien noted on this title?  yes  no

Lienholder name:

**C** I did not receive a title, or the title I received was lost/stolen/destroyed. I have requested/am requesting a vehicle title record for use in connection with a civil, criminal, administrative, or arbitral proceedings in a court or agency of this state. I have completed and attached a copy of one of the following:

- BMV Records Request Form 1173
- Clerk of Courts Vehicle Title Record Request Form 1174
- Watercraft Records Search Request Form DNR 8513

If you previously requested a vehicle/watercraft title record, attach proof of your demand for title that you delivered to the last-recorded owner and active lienholder, if applicable, including copies of your certified mail return receipt cards or returned envelopes.

**D** (ALL APPLICANTS MUST SIGN AND DATE) I certify that all of the information contained on this form and any attachments are true and accurate to the best of my knowledge and belief. I request that the Lorain County Clerk of Court Auto Title & Passport Division make a determination if the evidence I have presented is sufficient to establish ownership such that an Ohio certificate of title be issued to me for the subject vehicle/watercraft.

Applicant Signature:	Date:
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**SECTION 2: TO BE COMPLETED BY A MANAGER IN LORAIN COUNTY CLERK OF COURTS AUTO TITLE & PASSPORT DIVISION. PRINT OR TYPE LEGIBLY.**

On this date, I have reviewed the information and evidence presented by the Applicant, conducted a statewide title record search in ATPS, and determined the following:

No Ohio record found (explain need for VIN inspection/provide inspection, if applicable)  
 Ohio title record found (complete all applicable fields below)

TITLE #:

DATE VEHICLE/WATERCRAFT WAS TITLED:

Is this a branded title?  yes  no      Branding type:

LAST-RECORDED OWNER

NAME/ADDRESS:

Active lien on title?  yes  no (If yes, provide lienholder information)

ACTIVE LIENHOLDER

NAME/ADDRESS:

OTHER NOTES:

The information and evidence presented by the Applicant is **insufficient** for the administrative issuance of certificate of title by the Lorain County Clerk of Courts for the following reason(s):

Evidence required for title issuance includes:

The Applicant has been provided a copy of the Lorain County Clerk of Courts Court-Ordered Title Instructions and Forms Packet and a completed physical vehicle inspection form, if applicable.

PRINTED NAME:	DATE:
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DEPUTY CLERK'S TITLE:

SIGNATURE OF DEPUTY CLERK:
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Original to Applicant

eff. 6/3/24

Copy to Title Division Manager