



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		<input type="checkbox"/> motor vehicle	<input type="checkbox"/> APV	<input type="checkbox"/> off-highway motorcycle
<input type="checkbox"/> underspeed vehicle		<input type="checkbox"/> trailer weighing 4,000 lbs or more	<input type="checkbox"/> 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):		<input type="checkbox"/> actual mileage	<input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> 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:

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:

DEPUTY CLERK'S TITLE:

SIGNATURE OF
DEPUTY CLERK:

Original to Applicant
Copy to Title Division Manager

eff. 6/3/24