



**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
1830 E College Parkway Suite 120 Carson City, NV 89706
775-684-2940 Fax 775-684-2949**

APPLICATION FOR DUPLICATE OWNERSHIP CERTIFICATE

1. Serial No. _____ Year: _____ Manufacturer: _____
Trade Name: _____ Size: _____

2. REGISTERED OWNER:

Name(s): _____
Physical Address: _____
Mailing Address: _____
City State Zip Code
City State Zip Code

3. LIENHOLDER:

Name(s): _____
Mailing Address: _____
City State Zip Code

I certify that I am the legal owner of this structure and that the original Ownership Certificate has been: Lost Stolen Destroyed

Signature of Registered/Legal Owner

Signature of Registered/Legal Owner

State of _____ County of _____

Subscribed and sworn to before me, _____ a Notary
(Notary Public name)

Public, this _____ day of _____, 20____ by _____
(Name of person appearing before Notary)

Notary Public Signature

NRS 489 makes it a gross misdemeanor to furnish false information to the Division regarding any security interest or to falsify any document or application to obtain a Certificate of Ownership.