



ALABAMA DEPARTMENT OF REVENUE
 MOTOR VEHICLE DIVISION
 P.O. Box 327640 • Montgomery, AL 36132-7640
 www.revenue.alabama.gov

MVT 40-1E
 Doc Code MVT51-C
 2/24

Affidavit for Stolen-Unrecovered Vehicle Title

This application may be used when a settlement has occurred between an insurance company and the insured for a vehicle that has been reported as stolen in this state. The outstanding properly assigned certificate of title must be submitted along with this application for processing. If the outstanding certificate of title is lost or stolen, the owner (at time of theft) must complete the owner certification at the bottom of this form.

VEHICLE IDENTIFICATION NUMBER										TRANS. CODE	YEAR	MAKE	MODEL	BODY TYPE
										01				
CYLS	DATE OF PURCHASE			COLOR						CURRENT ALABAMA TITLE NO.				

OWNER INFORMATION – FELONY OFFENSE FOR FALSE ADDRESS

NAME OF INSURANCE COMPANY _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME AND ADDRESS OF INSURANCE COMPANY AND ADJUSTING COMPANY (IF ANY)

NAME OF INSURANCE COMPANY _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

ADJUSTER'S NAME _____ TELEPHONE NUMBER _____

NAME OF ADJUSTING COMPANY _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

ADJUSTER'S NAME _____ TELEPHONE NUMBER _____

INSURANCE COMPANY CLAIM OR POLICY NUMBER _____ DATE VEHICLE DECLARED STOLEN _____

CITY / STATE WHERE THEFT OCCURRED _____

***If the theft occurred outside of Alabama, the applicant must comply with theft laws in the state where the theft occurred.

I, the undersigned, certify that all information contained herein is true and correct to the best of my knowledge and belief, and that the outstanding certificate of title is lost or stolen.

Owner's Signature (at time of theft) _____ Date _____

I, the undersigned, certify that all information contained herein is true and correct to the best of my knowledge and belief, and that the insurance company listed above is now the owner of the vehicle due to a stolen vehicle settlement between the insured and the insurance company.

Insurance Company's Representative Signature _____ Date _____