

**TRUSTEE'S STATEMENT FOR CERTIFICATE OF TITLE**  
**State of Arkansas**  
**Office of Motor Vehicle**

Vehicle Identification Number	Year Model	Make	Body Style
Name of Trust			Date of Trust
Name of Person Creating Trust		Trust Created By Letters of Trust <input type="checkbox"/> Will <input type="checkbox"/> Other <input type="checkbox"/>	
Principal Trustee Name			
Address			
City, State, Zip			
Co-Trustee			
Address			
City, State, Zip			
Co-Trustee			
Address			
City, State, Zip			

The person signing below as trustees of the above named trust affirm that:

1. This is a valid trust in existence at the time of the application.
2. They are duly appointed trustees of the above name trust.
3. They have the authority to buy, sell, and register motor vehicles that are the property of the trust.
4. Their actions with respect to the transaction for which this document is provided are for the benefit of the beneficiaries of the trust.
5. They understand that the Arkansas Office of Motor Vehicle requires this document be provided as part of an application for certificate of title made by a trust and that the penalties for providing false information in this document include fines and imprisonment under §27-14-303 of the Arkansas Statutes.

\_\_\_\_\_  
 Signature, Principal Trustee

\_\_\_\_\_  
 Signature, Co-Trustee

\_\_\_\_\_  
 Signature, Co-Trustee

Include the names, addresses, and signatures of additional trustees on a separate page if necessary.