

APPLICATION FOR DUPLICATE REGISTRATION

1. REPLACEMENT REASON:

_____ Defaced/Damaged _____ Lost _____ Stolen

2. OWNER IDENTIFICATION:

(Owner's Name) (Owner's Sex, "M"/ "F") (Date of Birth)
("C" For Company)

(Street Address)

(City) (State) (Zip)

3. VEHICLE INFORMATION:

(Vehicle Identification Number) (Year) (Make) (Color) (Type) (Title Number)

(License Plate Number)

(Owner/Applicant's Signature) (Date)

(Signature of Agency Personnel) (Batch) (Date)

Under penalties of perjury, I declare that I have read the foregoing document, and that the facts state in are true

* Please Attach copy of Driver License