

COUNTY OF MAUI SERVICE CENTER
DIVISION OF MOTOR VEHICLE & LICENSING
110 Alaihi Street, Suite101, Kahului, HI 96732
(808)-270-7363

**APPLICATION FOR DUPLICATE
Moped Registration**

OFFICE USE ONLY	OFFICE USE ONLY - Application accepted and duplicate issued
Number Issued	Date - Clerk Written Initials

TYPEWRITE OR PRINT IN INK - Improperly filled application will not be accepted.

Plate No.: _____ Registration Expires . _____

Make.: _____ Emblem Or Tag No.: _____

Serial No.: _____

REGISTERED OWNER(S) OF RECORD:

Name: _____
LAST NAME, FIRST NAME MI

Mailing Address: _____
STREET OR P.O. BOX ADDRESS CITY, STATE, ZIP CODE

The undersigned certifies that the Certificate of Registration described has been _____
Lost, stolen, mutilated or deface

and hereby request the issuance of a duplicate, which shall void the original registration

Defaced or mutilated registration must be surrendered with this application.

X _____
SIGNATURE OF REGISTERED OWNER(S) OF RECORD IF FIRM, PRINT NAME AND TITLE OF AUTHORIZED PERSON