

COUNTY OF MAUI SERVICE CENTER  
DIVISION OF MOTOR VEHICLE & LICENSING  
110 Alaihi Street, Suite 101, Kahului, HI 96732  
(808)-270-7363

**APPLICATION FOR DUPLICATE  
Bicycle Registration or Emblem**

OFFICE USE ONLY	OFFICE USE ONLY - Application accepted and duplicate issued
Number Issued	Date - Clerk <span style="float: right; border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></span> Written Initials

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

Make.: \_\_\_\_\_ Type: \_\_\_\_\_  
Speed.: \_\_\_\_\_ Color: \_\_\_\_\_  
Serial No.: \_\_\_\_\_ Current License 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 Emblem for the above described described has been \_\_\_\_\_ and hereby request the issuance of a duplicate, which shall void the original registration or emblem.  
Lost, stolen, mutilated or defaced

**Defaced or mutilated registration must be surrendered with this application.**

X \_\_\_\_\_  
SIGNATURE OF REGISTERED OWNER(S) OF RECORD PRINTED NAME

X \_\_\_\_\_  
SIGNATURE OF REGISTERED OWNER(S) OF RECORD PRINTED NAME