

COUNTY OF MAUI, DEPARTMENT OF FINANCE
DIVISION OF MOTOR VEHICLE & LICENSING
110 Alaihi Street, Suite 101, Kahului, HI 96732

**Application for Duplicate
MOTOR VEHICLE CERTIFICATE OF 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.

License Plate: _____ Registration Expires: _____
Make: _____ Emblem Or Tag No.: _____
VIN No.: _____

REGISTERED OWNER(S) OF RECORD: Initial Here to Update Registered Owner Address

Name: _____
LAST NAME, FIRST NAME MI

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

LEGAL OWNER(S) OF RECORD (IF NONE, WRITE 'SAME'):

Name: _____

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

FEE \$10.00	IMPORTANT - False statements in application with intent to defraud are punishable by a fine of not more than \$1,000 or by imprisonment not exceeding one year or by both fine and imprisonment.
------------------------	---

The undersigned certifies that the Registration Certificate for the above described vehicle has been _____
and hereby requests the issuance of a duplicate. Lost, stolen, mutilated or
defaced

Defaced or mutilated certificate must be surrendered with this application.

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