

VEHICLE IDENTIFICATION NUMBER				CURRENT EXPIRATION DATE	
				MONTH / YEAR	
CURRENT PLATE NUMBER		MODEL YEAR	MAKE	TYPE	
PRINT NAME OF OWNER(S) ▶	LAST, FIRST AND MIDDLE NAME			DRIVER'S LICENSE NUMBER	
PRINT ADDRESS OF FIRST OWNER (PERMANENT ADDRESS) ▶	STREET ADDRESS		CITY	COUNTY	STATE
<b>THIS APPLICATION IS FOR DUPLICATE</b> (Please check all that apply): <input type="checkbox"/> PLATES <input type="checkbox"/> WEIGHT STICKERS <input type="checkbox"/> YEAR STICKER				<b>FEES DUE</b>	
The registration plates, year stickers and/or month stickers for this vehicle must be replaced because they were (check all that apply):				I am replacing the stickers for the	
<input type="checkbox"/> STOLEN <input type="checkbox"/> LOST <input type="checkbox"/> DEFECTIVE				MONTH of:	
<input type="checkbox"/> DESTROYED <input type="checkbox"/> SURRENDERED <input type="checkbox"/> NEVER RECEIVED				YEAR of:	
<input type="checkbox"/> ISSUED IN ERROR				DUPLICATE	
				FILING	
				TOTAL	
I (WE), HAVING BEEN DULY SWORN, DO CERTIFY ALL OF MY (OUR) DECLARATION ARE TRUE AND CORRECT AND THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE BEING OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS.					
x <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 400px; height: 15px;"></span>				DATE <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
OWNER'S SIGNATURE					

Complete this form by providing the following information:

- Vehicle Identification Number (VIN)
- Current Plate Number
- Model Year
- Vehicle Make
- Current Expiration Date

Then fill in your Last, First and Middle Name  
 Your Driver's License Number  
 Your Street Address, City, County, State and Zip Code

Check the box(s) for the reason of the duplicate

Check the box(s) for the reason why you are applying for a duplicate

Sign and date