

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 ZIP CODE
THIS APPLICATION IS FOR DUPLICATE (Please check all that apply): <input type="checkbox"/> PLATES <input type="checkbox"/> WEIGHT STICKERS <input type="checkbox"/> YEAR STICKER The registration plates, year stickers and/or month stickers for this vehicle must be replaced because they were (check all that apply): <input type="checkbox"/> STOLEN <input type="checkbox"/> LOST <input type="checkbox"/> DEFECTIVE <input type="checkbox"/> DESTROYED <input type="checkbox"/> SURRENDERED <input type="checkbox"/> NEVER RECEIVED <input type="checkbox"/> ISSUED IN ERROR					
FEES DUE I am replacing the stickers for the MONTH of: YEAR of: DUPLICATE FILING TOTAL					

I (WE), HAVING BEEN DULY SWEORN, 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

OWNER'S SIGNATURE

DATE

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