

COUNTY OF MAUI SERVICE CENTER
 DIVISION OF MOTOR VEHICLE & LICENSING
 70 E. Kaahumanu Avenue, Suite A-17, Kahului, HI 96732
 Phone: (808)-270-7363

**APPLICATION FOR DUPLICATE
 Motor Vehicle Certificate of Title**

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

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

TO GENERATE A DUPLICATE CERTIFICATE OF TITLE, SIGNATURES MUST BE PROPERLY NOTARIZED BELOW BY A NOTARY PUBLIC, OR VERIFIED BY PRESENTING PROPER IDENTIFICATION FROM ALL PARTIES.

License No.: _____

Make: _____

VIN No: _____

REGISTERED OWNER(S) OF RECORD:

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.
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The undersigned certifies that the Certificate of Title for the above described vehicle has been _____
 and hereby requests the issuance of a duplicate, which issuance shall void the original certificate. Lost, stolen, mutilated or defaced

Defaced or mutilated certificate must be surrendered with this application.

X _____
SIGNATURE OF LIENHOLDER OF RECORD OR IF FIRM, AUTHORIZED PERSON IF FIRM, PRINT NAME AND TITLE OF AUTHORIZED PERSON

Per HRS §286-55 - Application for Duplicate Certificate of Title must be either notarized or proper identification is required upon processing.

OFFICE USE ONLY	OFFICE USE ONLY - Application accepted and duplicate issued
Identification Number & Type of Identification Presented with Expiration Date	Print Name of Person Verifying ID: Written Initials

Subscribed and sworn to me this _____ day of _____, 20_____ Notary Public _____ My Commission Expires: _____ <p style="text-align: center;">Place Notary Seal Here</p>	State of Hawaii Notary Certification (Place Notary Seal Here) Document Date _____ # of pages _____ Notary Name _____ _____ Judicial Circuit Document Description _____ Notary Signature _____ Date _____
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