

TREASURY DIVISION
COUNTY OF HAWAII
101 PAUAAHI STREET, SUITE 5
HILO, HAWAII 96720-4224

OFFICIAL USE ONLY

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

Number - Year original issued

Application accepted and duplicate issued

Date - Clerk

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

License Plate Number: _____

FEE

Make: _____

Vehicle Identification Number: _____

\$ 5.00

Registered Owner of Record: _____

Lienholder of Record: _____

Address: _____

NUMBER AND STREET

CITY

ZIP CODE

The undersigned certifies that the Certificate of title for the above described **vehicle** has been

lost stolen mutilated defaced, and hereby requests the issuance of a duplicate, which issuance shall void the original certificate.

DEFACED OR
MUTILATED
CERTIFICATE MUST
BE SURRENDERED
WITH THIS
APPLICATION

SIGNATURE OF LIENHOLDER OF RECORD

IF FIRM, ALSO PRINT NAME AND TITLE OF PERSON SIGNING. IF JOINT OWNERSHIP, ALL OWNERS MUST SIGN.

Hawaii County is an Equal Opportunity Provider and Employer

06/04 - 10M