

COUNTY OF KAUAI
DEPARTMENT OF FINANCE
DIVISION OF TREASURY (MVR)
4444 RICE ST., STE 466, LIHUE, HI 96766

OFFICIAL USE ONLY

Number - Year original issued _____

Application accepted and duplicate issued _____

Date - Clerk _____

**APPLICATION FOR DUPLICATE
MOTOR VEHICLE CERTIFICATE OF TITLE**

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

**FEE
\$5.00**

License Plate Number: _____

Make: _____

Vehicle Identification Number: _____

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.

**DEFACTED OR
MUTILATED
CERTIFICATE
MUST BE
SURRENDERED
WITH THIS
APPLICATION.**

Signature of Lienholder of Record. If no lienholder, signatures of all registered owners required.

*If firm - print name and title of person signing.

Date

This 1 page Application of Duplicate
Motor Vehicle Certificate of Title,

dated _____
was subscribed and sworn to before me this

_____ day of _____
in the Fifth Circuit of the State of Hawaii by

Notary Printed Name

Notary Signature

My commission expires _____

(Stamp or Seal)