

Cynthia Kenyon
Goshen County Clerk

Date Duplicate To be Issued: _____
Date Received: _____ Fee: _____

AFFIDAVIT AND APPLICATION FOR OBTAINING DUPLICATE CERTIFICATE OF TITLE

I hereby certify that Wyoming Certificate of Title # _____ of Goshen County, Wyoming, was issued to me for the following:

Year: _____ Make: _____ Body Style: _____ Vin: _____

Original Title Issued To:

Send Duplicate Title To:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Contact Name and Phone Number: _____

And that to the best of my knowledge and belief the said Certificate of title has been mutilated, lost or destroyed, and that it is not assigned to or in possession of any other person, and there are no additional liens on said vehicle other than shown on the original Certificate of Title.

I also understand that once a duplicate title is issued on this request that the original title, if found, is invalid and must be returned to your local County Clerk's office.

I attach, hereto, the necessary fee of \$15.00

All owners must sign and have signatures notarized

Signature of Applicant: _____

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____ 20_____

_____ appeared before me in the State of _____

County of _____.

Notary Public or County Clerk: _____

My Commission expires: _____

Wyoming Statutes 31-2-105

No duplicate shall be issued before the 11th day after the affidavit is filed unless the owner deposits an indemnity bond to the State of Wyoming with the County Clerk in an amount of not less than double the value of the vehicle shown upon the registration of the vehicle. The bond shall be executed by a surety duly authorized to carry business in Wyoming or by individual sureties qualified by W.S. 1-1-104 and 1-1-105.

FOR CLERK'S USE ONLY - Please initial

SALES TAX: _____

LIENS: Yes: _____ No: _____

Goshen County Clerk P.O. Box 160 Torrington, WY 82240

Phone: 307-532-4051