

OFFICE USE ONLY

Date Received: \_\_\_\_\_ Processing Date: \_\_\_\_\_

Duplicate Title Number Issued: \_\_\_\_\_ Receiving Number: \_\_\_\_\_

**AFFIDAVIT AND APPLICATION FOR OBTAINING DUPLICATE CERTIFICATE OF TITLE  
To the County Clerk of Teton County, Wyoming  
P.O. Box 1727, Jackson, WY 83001**

**DUPLICATE TITLE FEE: \$15.00**

I hereby certify that Certificate of Title No. \_\_\_\_\_ of Teton County, Wyoming was issued to me for the motor vehicle briefly described below 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 the possession of any other person, and there are no additional liens on said motor vehicle other than shown on the original Certificate of Title.

MAKE OF VEHICLE \_\_\_\_\_ BODY \_\_\_\_\_ YEAR \_\_\_\_\_

VIN \_\_\_\_\_ NAME OF OWNER \_\_\_\_\_

I hereby make application for a duplicate Certificate of Title covering the said motor vehicle, and authorize the same to be delivered to:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_

ZIP \_\_\_\_\_

**I ALSO UNDERSTAND THAT ONCE A DUPLICATE TITLE IS ISSUED ON THIS REQUEST THAT THE ORIGINAL, IF FOUND, IS INVALID AND MUST BE DESTROYED.**

SIGNATURE OF APPLICANT \_\_\_\_\_

\_\_\_\_\_ APPEARED BEFORE ME IN THE STATE OF \_\_\_\_\_, COUNTY  
OF \_\_\_\_\_, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_, **Notary Public or County Clerk**

My commission expires: \_\_\_\_\_

**\*INSTRUCTIONS\***

- Print and complete the application
- You must sign the application in the presence of a Notary Public.
- Mail completed application and \$15.00 fee to the Teton County Clerk, PO Box 1727, Jackson, WY 83001
- Duplicate titles will be issued eleven (11) days from receipt of application