

B# _____

DUPLICATE REGISTRATION FORM

Reason for Duplication:

Defected Damaged Lost Stolen Change of Address

Owner/Applicant Identification

Owner's Name	Owner's Sex	Date of Birth
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Street Address	City	State	Zip Code
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Lessee's Name	Lessee's Sex	Date of Birth
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Street Address	Zip Code	City	State
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1st Owner Driver's License Number: _____ Phone Number: _____

2nd Owner Driver's License Number: _____ Phone Number: _____

Vehicle Information

License Plate Number	Title Number	Year	Make
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Owner/Applicant Signature

Date

Title Clerk Initials