

B# \_\_\_\_\_

## DUPLICATE REGISTRATION FORM

Reason for Duplication:

Defected Damaged  Lost  Stolen  Change of Address

<b>Owner/Applicant Identification</b>
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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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1<sup>st</sup> Owner Driver's License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>nd</sup> Owner Driver's License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>Vehicle Information</b>
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License Plate Number	Title Number	Year	Make
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\_\_\_\_\_  
Owner/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title Clerk Initials