

TREASURY DIVISION  
COUNTY OF HAWAII  
101 PAUAAHI STREET, SUITE 5  
HILO, HAWAII 96720-4224

OFFICIAL USE ONLY

**APPLICATION FOR DUPLICATE  
CERTIFICATE OF REGISTRATION**

Application accepted and duplicate issued

Date - Clerk

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

License Plate Number: \_\_\_\_\_ Registration Expiration \_\_\_\_\_

Make: \_\_\_\_\_ Emblem Number: \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Registered Owner of Record: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER AND STREET CITY ZIP CODE

The undersigned certifies that the Certificate of Registration 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.

**FEE**  
**\$5.00**

DEFACED OR  
MUTILATED  
CERTIFICATE MUST  
BE SURRENDERED  
WITH THIS  
APPLICATION

\_\_\_\_\_  
SIGNATURE OF REGISTERED OWNER OF RECORD

\_\_\_\_\_  
IF FIRM, PRINT NAME AND TITLE OF PERSON SIGNING