

Number - Year original issued \_\_\_\_\_

Application accepted and duplicate issued \_\_\_\_\_

Date - Clerk \_\_\_\_\_

**APPLICATION FOR DUPLICATE  
MOTOR VEHICLE CERTIFICATE OF TITLE**

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

**FEE  
\$10.00**

License Plate Number: \_\_\_\_\_

Make: \_\_\_\_\_

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

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

Lienholder of Record: \_\_\_\_\_

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

The undersigned certifies that the Certificate of Title 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.

**DEFACED OR  
MUTILATED  
CERTIFICATE  
MUST BE  
SURRENDERED  
WITH THIS  
APPLICATION.**

Signature of Lienholder of Record. If no lienholder, signatures of all registered owners required. \_\_\_\_\_

\*If firm - print name and title of person signing. \_\_\_\_\_

Date \_\_\_\_\_

*This 1 page Application of Duplicate  
Motor Vehicle Certificate of Title,*

*dated \_\_\_\_\_  
was subscribed and sworn to before me this*

*\_\_\_\_\_ day of \_\_\_\_\_  
in the First Circuit of the State of Hawaii by*

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
Notary Signature

*My commission expires* \_\_\_\_\_

(Stamp or Seal)