

TREASURY DIVISION
COUNTY OF HAWAII
101 PAUAAH 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.

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

FEE
\$5.00