

OFFICE USE ONLY

Date Received: _____ Processing Date: _____

Duplicate Title Number Issued: _____ Receiving Number: _____

AFFIDAVIT AND APPLICATION FOR OBTAINING DUPLICATE CERTIFICATE OF TITLE

To the County Clerk of Teton County, Wyoming

P.O. Box 1727, Jackson, WY 83001

DUPLICATE TITLE FEE: \$15.00

I hereby certify that Certificate of Title No. _____ of Teton County, Wyoming was issued to me for the motor vehicle briefly described below and that to the best of my knowledge and belief the said Certificate of Title has been mutilated, lost or destroyed, and that it is not assigned to or in the possession of any other person, and there are no additional liens on said motor vehicle other than shown on the original Certificate of Title.

MAKE OF VEHICLE _____ BODY _____ YEAR _____

VIN _____ NAME OF OWNER _____

I hereby make application for a duplicate Certificate of Title covering the said motor vehicle, and authorize the same to be delivered to:

NAME _____ PHONE _____

ADDRESS _____ CITY & STATE _____

ZIP _____

I ALSO UNDERSTAND THAT ONCE A DUPLICATE TITLE IS ISSUED ON THIS REQUEST THAT THE ORIGINAL, IF FOUND, IS INVALID AND MUST BE DESTROYED.

SIGNATURE OF APPLICANT _____

_____ APPEARED BEFORE ME IN THE STATE OF _____, COUNTY
OF _____, THIS _____ DAY OF _____.

_____, **Notary Public or County Clerk**

My commission expires: _____

INSTRUCTIONS

- Print and complete the application
- You must sign the application in the presence of a Notary Public.
- Mail completed application and \$15.00 fee to the Teton County Clerk, PO Box 1727, Jackson, WY 83001
- Duplicate titles will be issued eleven (11) days from receipt of application