

Tax Commission 8 Turtle Dr Wyandotte, OK 74370 (918)678-6353

Duplicate Title Form

<u>POA must be accompanied if completed by someone other than the registered owner.</u>

<u>Fee: \$10</u>

Name(s) on Tit	le:			
Year:	Make:	Model:		
VIN:				
Physical Addre	955:			
		City	State	Zipcode
Tag Number: _	Phone Number	:		
	Is mailing address different than t If yes, please specify the add			
	Mailing Address	City	State	Zipcode

I, the undersigned lawful owner of the above described vehicle, herby state that my certificate of title has been misplaced or destroyed resulting in this application for a replacement certificate of title. I acknowledge that this replacement title will render invalid all earlier title certificates to this vehicle. I understand that any false statement on this application may subject me to prosecution.

Printed Name of Applicant	Signature	
Subscribed and sworn before me this	day of	, 20
ly Commission Expires		·
		{SEAL}
Notary Public		
For Office	Use Only	
Date Issued:		
In Person Pick Up 🔲 Return Env	elope 🗌 Certi	fied Mail 🗖
Tracking Number:		