

APPLICATION FOR DUPLICATE CERTIFICATION OF TITLE FOR VEHICLE

\$10 Duplicate fee, make checks payable to Kiowa Tax Commission

COMPLETE ALL VEHICLE INFORMATION

litle Number	lag Number	
Decal Number	Expiration Month/Year	
VIN		_ Year
Make	Model	
Owner(s) name listed on title		
Name and address to mail duplicate title to		
Reason for requiring this duplicate title		
I, the undersigned lawful owner or authorize vehicle, hereby make application for a dupli- statement may subject me to prosecution.	•	
Person requesting duplicate title		
Print Name		
Signature		
Phone Number	Date	
State of	, County of	\$
Subscribed and sworn to before me this	day of	,
My commission expires		, Notary Public
The record owner(s) must sign the form and	d their signature(s) notarized by	a Notary Public.
If you have power of attorney to sign on the	owner's behalf the Actual Note	arized Power of Attorney

or a **Certified Copy of the Power of Attorney**, must also be submitted.