

APPLICATION FOR DUPLICATE TITLE

VEHICLE INFO	License Plate Number		Serial Number (VIN)		
	Year	Make	Model	Body Style	Color

OWNER INFORMATION	I certify I am the: <input type="checkbox"/> Sole/Joint Owner <input type="checkbox"/> Authorized Agent of the Company <input type="checkbox"/> Lienholder in whose name the title is issued for the vehicle described above.				
	I certify the title has been: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen				
	I have personally reviewed the information on this application and certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct. NOTE: Making a false statement or omitting a material fact is subject to a maximum penalty of \$10,000 or 1 year imprisonment or both per AS 11.56.210 and AS 28.35.135.				
	Printed Name				
	Signature(Sign in front of Notary Public or DMV Representative)			Date	
	Company Name (if applicable)				
Mailing Address (Where the title will be mailed)		City	State	Zip Code	
Email Address		Phone	I want to receive notifications by: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		

NOTARY	Subscribed and Sworn to before me this		(SEAL)
	day	of, 20	
	Signature of Notary Public or DMV Representative (AMVC & Office Location)		
Commission Expiration:			
NOTE: A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.			