

COUNTY OF MAUI SERVICE CENTER
DIVISION OF MOTOR VEHICLE & LICENSING
70 E. Kaahumanu Avenue, Suite A-17, Kahului, HI 96732
(808)-270-7363

**APPLICATION FOR DUPLICATE
Bicycle Registration or Emblem**

OFFICE USE ONLY	OFFICE USE ONLY - Application accepted and duplicate issued
Number Issued	Date - Clerk Written Initials

TYPEWRITE OR PRINT IN INK - Improperly filled application will not be accepted.

Make.: _____ Type: _____
Speed.: _____ Color: _____
Serial No.: _____ Current License No.: _____

REGISTERED OWNER(S) OF RECORD:

Name: _____
LAST NAME, FIRST NAME MI

Mailing Address: _____
STREET OR P.O. BOX ADDRESS CITY, STATE, ZIP CODE

The undersigned certifies that the Certificate of Registration Emblem for the above described described has been _____ and hereby request the issuance of a duplicate, which shall void the original registration or emblem.

Lost, stolen, mutilated or defaced

Defaced or mutilated registration must be surrendered with this application.

X _____
SIGNATURE OF REGISTERED OWNER(S) OF RECORD PRINTED NAME

X _____
SIGNATURE OF REGISTERED OWNER(S) OF RECORD PRINTED NAME