APPLICATION FOR DUPLICATE CERTIFICATION OF TITLE FOR VEHICLE

$25 Duplicate fee, make checks payable to CPN Tax Commission

COMPLETE ALL VEHICLE INFORMATION

Title Number ________________________  Tag 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 authorized person (Power of Attorney) of the above described
vehicle, hereby make application for a duplicate Certificate of Title with full knowledge that any false
statement may subject me to prosecution.

Person requesting duplicate title
Print Name ________________________________

Signature __________________________________________  Date _____________________________

Phone Number ________________________________

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 their signature(s) notarized by a Notary Public.

If you have power of attorney to sign on the owner’s behalf, the Actual Notarized Power of Attorney,
or a Certified Copy of the Power of Attorney, must also be submitted.

Revised 4/1/2021