Date Received:	
Issue Date:	
CSR Initials:	·

Duplicate Certificate of Title Application & Affidavit

To: Debra K. Lee Laramie County Clerk P. O. Box 608 Cheyenne, WY. 82003

I hereby make application for a duplicate Wyoming Certificate of Title for the following motor vehicle, trailer, or mobile home, as described below:

Title n	umber:	VIN:	
Make:		Year:	
certificate of ti	tle that is (check one)	lost \square mutilated or \square destr	an the liens shown on the original oyed \Box t in the possession of any other person.
I authorize the	duplicate certificate of	title be mailed to:	
Name:			
Addres	s:		
		State:	
	•	penalty of perjury that all of the and that I am lawfully applying fo	e information on this application of a Wyoming Certificate of Title.
Signatu	re of Applicant:		
Signatu	re of Applicant:		
		/	
On this	day of	, 20	
Notary	Public or Deputy Clerk		
My Co	mmission Expires:		Seal or Stamp

Fee: Fifteen Dollars (\$15.00) 020-022 (R 8/13)