Print Form

FOR OFFICE USE ONLY
Date Received: _____
Title Records Checked: _____
Liens checked: _____
Mail _____ Pick-up _____

AFFIDAVIT AND APPLICATION
FOR OBTAINING A DUPLICATE CERTIFICATE OF TITLE

****

I hereby certify that certificate of **title #01-** _____ was issued to me for the motor vehicle described below:

YEAR: _____ **MAKE:** _____

VEHICLE IDENTIFICATION NUMBER:

And to the best of my knowledge the said Certificate of Title has been mutilated, lost, or destroyed, and that it is not assigned to or in the possession of any other person, and there are no liens other than shown on the original Certificate of Title.

I hereby make application for a duplicate Certificate of Title covering the said vehicle, and authorize the same to be delivered to:

_____

_____

_____

_____

_____

Signature(s) of Applicant(s)

Before me appeared _____, and being first duly sworn by me upon oath that the facts alleged in the foregoing instrument are true. Witness my hand and official seal this _____ day of _____ 20 _____.

$15.00 non-refundable fee

_____

Notary Public or Deputy County Clerk

Wyoming State Statute 31-2-105
No duplicate shall be issued before the 11th day after the affidavit is filed unless the owner deposits an indemnity bond to the state of Wyoming with the County Clerk in an amount of not less than double the value of the vehicle shown upon the registration of the vehicle. The bond shall be executed by a surety duly authorized to carry on business in Wyoming or by individual sureties qualified as provided by W.S. 1-1-104 and 1-1-105.