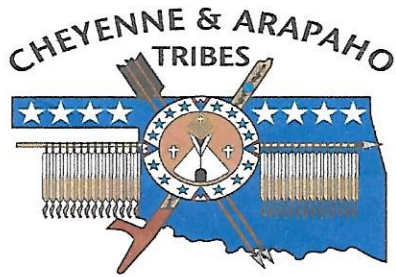


TAX COMMISSION
MOTOR VEHICLE
DIVISION



P.O. Box 68
Concho, Oklahoma 73022
(405) 422-7488
1-888-706-2698
Fax (405) 422-8236

APPLICATION FOR DUPLICATE TITLE

FEE: \$5.00

Name: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Vehicle Make: _____ Model: _____ Year: _____

License Tag No.: _____ Title No.: _____

VIN#: _____

I certify that I am the lawful owner of the vehicle described above for which a Certificate of Title was issued to me by the Cheyenne & Arapaho Tax Commission and that my original Certificate of Title has been

(Please Check One)

_____ Lost

_____ Mutilated

_____ Become Illegible

Signature of Last Registered Owner Date

Subscribed and sworn to before me this _____ day of _____ 20 _____

(Seal)

My Commission Expires

Notary Public