# DUPLICATE REGISTRATION FORM

**REASON FOR DUPLICATE**

**----- Defaced Damaged -------- Lost -------- Stolen ----------Change Address**

## Owner / Application Identification

**Owner's Name** **Owner's Sex** **Date of Birth**

---

**Street Address** **City** **State** **Zip Code**

---

**Lessee's Name** **Lessee's Sex** **Date of Birth**

**---------- ---------- ----------**

**Street Address** **City** **State** **Zip Code**

**----------**

**( 1st OWNER ) Driver's License Number: _____**
**(2nd OWNER ) Driver's License Number: _____**

## Vehicle Information

**License Plate Number** **Title Number** **Year** **Make**

---

**Owner Application's Signature** **Date**

**_____ _____**
**Title Clerk's Initials** **Batch Number**

**. Please attach a copy of your Driver's license or Florida Identification Card.**