



MARY B. FEAGLER
 GOSHEN COUNTY CLERK
 PO BOX 160
 TORRINGTON WY 82240
 307-532-4051

[For Clerk's Use only]

Date Received: _____ **Fee:** \$15.00
Sales Tax: _____ **LIENS: Yes:** _____ **No:** _____
NMVTIS: _____

AFFIDAVIT AND APPLICATION FOR OBTAINING DUPLICATE CERTIFICATE OF TITLE

I hereby certify that Wyoming Certificate of Title # **07-0** _____ of Goshen County, Wyoming was issued to me for the following:

YEAR: _____ MAKE: _____ BODY STYLE: _____ VIN: _____

Original Title Issued To:

Send Duplicate Title To:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Contact Name and Phone Number: _____

CALL

MAIL

And that to the best of my knowledge and belief the said Certificate of Title has been mutilated, lost, or destroyed, and that it is not assigned to or in possession of any other person, and there are no additional liens on said vehicle other than shown on the original Certificate of Title. I also understand that once a duplicate title is issued on this request that the original title, if found, is no longer valid and must be returned to the local County Clerk's office. I attach, hereto, the necessary fee of \$15.00.

All owners must sign and have signatures notarized.

Signature of Applicant: _____

Signature of Applicant: _____

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

_____ appeared before me

in the State of _____ County of _____.

Notary Public: _____

[seal]

My commission expires: _____

cash or check

AsstDepClerk signature:

Date:

Title #: **07-0**

DUPLICATE TITLE

Clerk's initials

TITLE# 07-0 _____

OWNER _____

TAKE TO TREASURER

SALES TAX PAID

Treasurer's initials
