

COUNTY OF KAUAI  
DIVISION OF MOTOR VEHICLES & LICENSING  
4444 RICE STREET, SUITE #480 LIHUE, HI 96766

808-241-4242

**APPLICATION FOR DUPLICATE  
Bicycle Registration or Emblem**

OFFICE USE ONLY	OFFICE USE ONLY - Application accepted and duplicate issued	
Number Issued	Date - Clerk	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> Written Initials

**TYPEWRITE OR PRINT IN INK - Improperly filled application will not be accepted.**

Make.: \_\_\_\_\_ Type: \_\_\_\_\_  
Speed.: \_\_\_\_\_ Color: \_\_\_\_\_  
Serial No.: \_\_\_\_\_ Current License No.: \_\_\_\_\_

**REGISTERED OWNER(S) OF RECORD:**

Name: \_\_\_\_\_  
LAST NAME, FIRST NAME MI

Mailing Address: \_\_\_\_\_  
STREET OR P.O. BOX ADDRESS CITY, STATE, ZIP CODE

The undersigned certifies that the Certificate of Registration Emblem for the above described described has been \_\_\_\_\_ and hereby request the issuance of a duplicate, which shall void the original registration or emblem.

Lost, stolen, mutilated or defaced

**Defaced or mutilated registration must be surrendered with this application.**

X \_\_\_\_\_  
SIGNATURE OF REGISTERED OWNER(S) OF RECORD PRINTED NAME

X \_\_\_\_\_  
SIGNATURE OF REGISTERED OWNER(S) OF RECORD PRINTED NAME