



Delaware Nation
Office of the Tax Commission

Jaycee Mickle, Tax Administrator

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Debbie Dotson, President
Michael McLane, Vice President

Application for Duplicate Certificate of Title

Year _____ Make _____ Model _____

Vehicle Identification Number: _____

Title Number _____ TagNumber _____

Decal Number _____ Expiration Date _____

Owner's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Reason for Duplicate Title _____

I, the undersigned lawful owner of the above described vehicle, hereby make application for a duplicate Certificate of Title with full knowledge that any false statement may be subject to prosecution.

There will be a fee of \$10.00 for a duplicate title.

Driver License No. _____

Signature _____

* This form **MUST** be notarized. *

Notary Public: _____

Subscribed before me this _____ day of _____ 20____.

Commission Expires: _____ Commission No.: _____

DNTC-AP-001