

# 809

STATE OF ALASKA  
DIVISION OF MOTOR VEHICLES

## APPLICATION FOR DUPLICATE TITLE

VEHICLE INFO	License Plate Number		Serial Number (VIN)		
	Year	Make	Model	Body Style	Color

OWNER INFORMATION	I certify I am the: <input type="checkbox"/> Sole/Joint Owner <input type="checkbox"/> Authorized Agent of the Company <input type="checkbox"/> Lienholder in whose name the title is issued for the vehicle described above.			
	I certify the title has been: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen			
	I have personally reviewed the information on this application and certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct. NOTE: Making a false statement or omitting a material fact is subject to a maximum penalty of \$10,000 or 1 year imprisonment or both per AS 11.56.210 and AS 28.35.135. I certify under penalty of law there is a liability insurance policy for this vehicle if required by AS 28.22.011 and this policy will be maintained during the entire registration period.			
	Printed Name			
	Signature (Sign in front of Notary Public or DMV Representative)			Date
	Company Name (if applicable)			
Mailing Address (Where the title will be mailed)		City	State	Zip Code
Email Address		Phone	I want to receive notifications by: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail	

NOTARY	Subscribed and Sworn to before me this _____ day of _____, 20____		(SEAL)
	Signature of Notary Public or DMV Representative (LOGIN ID & Office Location)		
	Commission Expiration:		
	NOTE: A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.		