

## **REGISTERED OWNER NOTARIZED CERTIFICATION** (FOR APPLICATIONS SUBMITTED BY A REGISTRATION SERVICE)

## Instructions: Complete this form if you, the registered owner, authorize a licensed registration service to submit an application for duplicate title and/or duplicate/substitute plates to the department on your behalf.

LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER		YEAR/MA	YEAR/MAKE		
SECTION 1 — REGISTERED OW	NER OF RECORD OR N	EW REGISTE				
TRUE FULL NAME ( <i>LAST, FIRST, MIDDLE</i> )						
RESIDENCE OR BUSINESS ADDRESS	APT/SPACE NUMBER	CITY	STATE	ZIP CODE	DL/ID NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT/SPACE NUMBER	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
SECTION 2 — LICENSED REGIS	TRATION SERVICE INFO	ORMATION				
NAME OF REGISTRATION SERVICE			PRINTED	PRINTED NAME OF AGENT		
ADDRESS	APT/SPACE NUMBER	CITY	STATE	ZIP CODE	OL NUMBER	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT/SPACE NUMBER	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
SECTION 3 — NOTARIZED SIGN	IATURE OF REGISTERE	D OWNER				
I certify (or declare) under pena and correct.	alty of perjury under the	laws of the	State of Califor	rnia that t	the foregoing is true	
SIGNATURE OF REGISTERED OWNER				DATE		
A notary public or other officer of document to which this certificate						
State of California						
County of						
On	before me,					
	,		RE INSERT NAME AND TITLE OF THE OFFICER)			
personally appeared					,	
who proved to me on the basis of a instrument and acknowledged to n by his/her/their signature(s) on the instrument.	ne that he/she/they execut	ed the same i	n his/her/their a	uthorized	capacity(ies), and that	
I certify under PENALTY OF PER. California that the foregoing parage		e State of				
WITNESS my hand and official sea	•					
-			(8	(SEAL)		
SIGNATURE						