

DEPARTMENT OF FINANCE
County of Kauai
Motor Vehicle Registration

STATEMENT OF FACTS RELATING TO JUNKING OF VEHICLE
(Submit original and 1 copy)

I, the undersigned owner of the vehicle described as:

LICENSE NO. _____ VIN _____

MAKE: _____ BODY TYPE: _____ YEAR MODEL: _____

registered in the County of Kauai for the year _____; hereby certify that said vehicle has been **JUNKED** and is presently located at the following street address:

(ADDRESS, YARD, GARAGE, ETC)

and that said vehicle **WILL NOT BE RECONDITIONED OR REBUILT.**

Accordingly, the last issued **CERTIFICATE OF TITLE** which has been properly endorsed, **CERTIFICATE OF REGISTRATION** and **LICENSE PLATES** assigned to said motor vehicle are herewith surrendered for cancellation. **(The Certificate of Title must be endorsed by all registered owner(s) and lienholder, if applicable, and odometer reading completed.)**

PRINTED NAME OF REGISTERED OWNER

X _____
SIGNATURE OF REGISTERED OWNER
OR, IF COMPANY, AUTHORIZED PERSON

FOR OFFICE USE ONLY

Date Plates Received: _____ By: _____ Records Updated: _____

Checked by: _____ Approved by: _____ Date Processed: _____