

**MIDWEST INDUSTRIES, INC.**  
**ATTENTION: MSO/VIN DUPLICATE REQUESTS DEPARTMENT**  
**122 E. STATE HIGHWAY 175**  
**IDA GROVE, IOWA 51445**  
**FAX: 712.364.4805**  
**EMAIL: mmeek@midwestindustries.com**

AFFIDAVIT FOR DUPLICATE VEHICLE IDENTIFICATION NUMBER TAG

**Provide the following information: proof of VIN (bill of sale or registration or insurance paperwork with the VIN on it) and pictures of the trailer associated with the VIN.**

I, \_\_\_\_\_, DO HEREBY SWEAR THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I UNDERSTAND THAT MIDWEST INDUSTRIES, INC. MAY REQUEST A LETTER FROM MY LOCAL DEPARTMENT OF MOTOR VEHICLES STATING MY REQUEST IS PERMISSABLE). I ALSO RELEASE MIDWEST INDUSTRIES, INC. FROM ANY LEGALITY RESULTING IN THE MISUSE OF THE DOCUMENT REQUESTED.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETE SERIAL NUMBER: \_\_\_\_\_

PLEASE PRINT YOUR FULL NAME AND ADDRESS BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

THE FEE FOR A DUPLICATE IS \$10.00. PLEASE INDICATE HOW YOU WILL BE PAYING:  
CHECK \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ VISA \_\_\_\_ MASTERCARD \_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXPIRATION \_\_\_\_\_