

STATE OF MINNESOTA CERTIFICATE OF TITLE FOR A MOTOR VEHICLE

How to Fill out a MN Title

- 1) Fill in Highlighted areas.
- 2) Insurance policy # Written or included with title
- 3) Make sure Seller/sellers signed off.
- 4) Call (507)526-6234 to Figure out transfer amount.

ASSIGNMENT BY SELLER (TRANSFEROR)

FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. MINNESOTA LAW REQUIRES THAT YOU MAKE A DISCLOSURE ABOUT DAMAGE TO THE VEHICLE. A FALSE OR FRAUDULENT STATEMENT OF PURCHASE BY ANY PERSON IS A GROSS MISDEMEANOR OR FELONY.

ODOMETER DISCLOSURE STATEMENT. I (WE) CERTIFY THAT THE ODOMETER NOW
READS _____ (NO TENTHS) MILES AND TO THE BEST OF MY
KNOWLEDGE THE ODOMETER MILEAGE:

- ☐ IS ACTUAL MILEAGE
☐ EXCEEDS MECHANICAL LIMITS OF ODOMETER
☐ IS NOT ACTUAL MILEAGE - WARNING ODOMETER DISCREPANCY

DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE: ☐ HAS ☐ HAS NOT (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.

ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS, WARRANT TITLE, AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO:

SELLER'S PRINTED NAME(S)

DATE OF SALE

BUYER'S PRINTED NAME(S)

SELLER'S ADDRESS

DEALER'S LICENSE #

BUYER'S ADDRESS

SELLER'S SIGNATURE(S)

BUYER'S SIGNATURE(S)

APPLICATION FOR TITLE BY BUYER (TRANSFeree). MUST BE SUBMITTED WITHIN 10 DAYS (Please Print)

BUYER'S NAME (LAST)	(FIRST)	(MIDDLE)	DATE(S) OF BIRTH	BUYER'S DRIVER'S LICENSE NUMBER(S)
ADD'L BUYER'S NAME(S) (LAST)	(FIRST)	(MIDDLE)	DATE(S) OF BIRTH	BUYER'S DRIVER'S LICENSE NUMBER(S)
STREET ADDRESS		CITY	COUNTY/CODE	STATE ZIP CODE

IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? ☐ NO ☐ YES (IF YES, COMPLETE SECTION BELOW)

FIRST SECURED PARTY'S NAME (PRINT NAME)	DATE OF SECURITY AGREEMENT	FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM PS2017
STREET ADDRESS	CITY	STATE ZIP CODE

I (WE) CERTIFY I (WE) AM (ARE) OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHERS. I (WE) ATTEST BY THIS TRANSACTION THAT THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS. ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT.

MINNESOTA COUNTY OR OTHER STATE WHERE VEHICLE IS KEPT
--

APPLICANT'S/BUYER'S SIGNATURE(S) All Must Sign

IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED ON THIS APPLICATION IS REQUIRED BY LAW AND IS USED TO IDENTIFY THE MOTOR VEHICLE. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DENIAL OF THE REQUESTED ACTION. EXCEPT FOR CERTAIN USES PERMITTED BY FEDERAL AND STATE LAWS, PERSONAL INFORMATION CONTAINED IN YOUR APPLICATION MAY NOT BE DISCLOSED TO ANYONE WITHOUT YOUR EXPRESS CONSENT. YOU MAY EXPRESSLY CONSENT TO THE DISCLOSURE OF YOUR INFORMATION BY WRITING TO THE FOLLOWING ADDRESS:

CONTROL NUMBER



00020115788

KEEP IN A SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

SELLER'S NOTICE OF SALE

When you sell this vehicle, you are responsible to file the information on the back side of this notice with the Department of Public Safety within 10 days. Please file this information over the internet at dvs.dps.mn.gov, call 651-284-1234, or complete all the information on this notice and mail to the address below. This notice is not required if sold to a Minnesota licensed dealer.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187



PS2700-21

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SALES TAX DECLARATION AND FEES

FULL PURCHASE PRICE \$
 LESS TRADE-IN ALLOWANCE
 NET PURCHASE PRICE
 _____ % OF NET PURCHASE PRICE
 LESS TAX PAID TO ANOTHER STATE
NET SALES TAX DUE \$

REGISTRATION TAX	\$	
PLATE FEE		
ARREARS TAX		
PSV FEE		
TRANSFER TAX		
TITLE/TRANSFER FEE		
SALES TAX		
LATE TRANSFER PENALTY		
SUBTOTAL	\$	
STATE/DEPUTY FILING FEE		
TOTAL DUE	\$	

TRADE-IN WAS A:

MODEL YEAR MAKE PLATE OR VEHICLE IDENTIFICATION NUMBER

I DECLARE
THIS TAX
EXEMPTION
CODE:

Minnesota Dealer's License Number:

Minnesota Sales Tax Account Number:

Internal Revenue Code Number (IRC):

IRP Acct Number:

If Leased, Lessee MCDP Number:

AUTO INSURANCE COMPANY:

POLICY NO.:

EXP. DATE:

REASSIGNMENT BY LICENSED DEALER ONLY

I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS, WARRANT TITLE, AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO (BUYER):

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DATE OF SALE

BUYER'S PRINTED NAME(S)

SELLER'S ADDRESS

DEALER'S LICENSE #

BUYER'S ADDRESS

X

SELLER'S SIGNATURE(S)

X

BUYER'S SIGNATURE(S)

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BUYER'S ADDRESS

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SELLER'S SIGNATURE(S)

X

BUYER'S SIGNATURE(S)

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 DRIVER AND VEHICLE SERVICES DIVISION
 445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187
 PHONE 651-297-2126 TTY 651-282-6555

dvs.dps.mn.gov**FOR YOUR PROTECTION**

UPON THE SALE OF A VEHICLE TO A PRIVATE PARTY, IT IS RECOMMENDED THAT THE SELLER AND BUYER TAKE THE COMPLETED TRANSFER TO A DEPUTY REGISTRAR.

SELLER'S NOTICE OF SALE

Date of Sale

Minnesota Purchaser's Driver License Number

Purchaser's Full Name

Date of Birth

Street Address

City

County

State

Zip Code