

APPLICATION TO TITLE/REG. A VEHICLE

MINNESOTA DEPARTMENT OF PUBLIC SAFETY



Driver and Vehicle Services Division
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PLATE NUMBER

YEAR

YEAR VALIDATION STICKER NUMBER

YEAR

WEIGHT STICKER NUMBER/MOTORCYCLE ENGINE NO.

VALIDATION AND
OFFICE USE ONLY

FOR CENTRAL OFFICE USE ONLY

A PURCHASER(S) OWNER(S) MUST COMPLETE Vehicle Information Purchaser(s) Owner(s) Information	DATE OF PURCHASE	NEW <input type="checkbox"/> USED <input type="checkbox"/>	PREVIOUS PLATE NUMBER	YEAR	EXPIRATION DATE	MONTH	YEAR	DVS CENTRAL OFFICE USE ONLY		
	MODEL YEAR	MAKE	BODY/MODEL TYPE		COLOR CODE	TRUCKS/TRAILERS				
					BODY <input type="checkbox"/>	ROOF <input type="checkbox"/>	DOT#	EMPTY WT.	# AXLES	
	VEHICLE IDENTIFICATION NUMBER							<input type="checkbox"/> You may disclose my information for any use in response to requests for my individual driver or motor vehicle record. <input type="checkbox"/> You may disclose my personal information for bulk distribution for surveys, marketing or solicitations.		
	LAST, FIRST, MIDDLE NAME				DRIVER'S LICENSE NUMBER / DEALER NUMBER			DATE OF BIRTH		
ADDITIONAL PURCHASER(S)/OWNER(S) LAST, FIRST, MIDDLE NAME				DRIVER'S LICENSE NUMBER			DATE OF BIRTH			
STREET ADDRESS				CITY		COUNTY CODE	STATE	ZIP CODE		
DAYTIME TELEPHONE NO.		MN COUNTY/STATE VEH. IS KEPT		AUTO INSURANCE COMPANY		POLICY NO.		EXP. DATE		

B PURCHASER(S) OWNER(S) MUST COMPLETE	IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, COMPLETE SECTION B.					
	FIRST SECURED PARTY (PRINT NAME)		DATE OF LOAN		For Additional Secured Parties, Attach Completed Form PS2017	
	STREET ADDRESS		CITY	STATE	ZIP CODE	

C SELLER(S) MUST COMPLETE and SIGN	ODOMETER DISCLOSURE STATEMENT. I (WE) CERTIFY THAT THE ODOMETER		DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE:	
	NOW READS <input type="text"/> (NO TENTHS) MILES AND TO THE		<input type="checkbox"/> Has (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.	
	BEST OF MY KNOWLEDGE, THE ODOMETER MILEAGE IS:		<input type="checkbox"/> Has Not	
	<input type="checkbox"/> Actual mileage <input type="checkbox"/> In excess of odometer's mechanical limits <input type="checkbox"/> Not actual mileage - WARNING ODOMETER DISCREPANCY			
ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS. I (WE) WARRANT TITLE AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO THE PERSON(S) NAMED ABOVE.				

SELLER'S PRINTED NAME(S)	DATE OF SALE
SELLER'S ADDRESS	DEALER LICENSE #
X ALL SELLER'S SIGNATURE(S)	

D PURCHASER(S) OWNER(S) MUST COMPLETE and SIGN	PURCHASER'S MOTOR VEHICLE SALES TAX DECLARATION			Base value or Gross Weight <input type="text"/>	REGISTRATION TAX		
	1. Full purchase price \$ <input type="text"/>			Registration Period	PLATE FEE		
	2. Less trade-in allowance complete item #6			From <input type="text"/> Through <input type="text"/>	ARREARS TAX		
	3. Net purchase price \$ <input type="text"/>			Change of Gross Vehicle Weight	WHEELAGE TAX		
	4. _____ % of line 3 \$ <input type="text"/>			Time of Change <input type="text"/> : <input type="text"/> Hours <input type="text"/>	PS VEHICLE FEE		
	5. Less tax paid to another state \$ <input type="text"/>			Date of Change <input type="text"/>	TRANSFER TAX		
NET SALES TAX DUE \$ <input type="text"/>			Date Change Expires <input type="text"/>	TITLE/TRANSFER FEE			
6. Trade-in was: MODEL YR. <input type="text"/> MAKE <input type="text"/> PLATE # <input type="text"/>			Change of Weight and/or Class	LIEN FEE			
			From <input type="text"/> To <input type="text"/>	MV SALES TAX			
I DECLARE THIS TAX EXEMPTION CODE: <input type="text"/>			I (WE) CERTIFY I (WE) ARE OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHER. THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE OPERATING UPON THE PUBLIC STREETS AND HIGHWAYS. THE VEHICLE WILL BE OPERATED IN COMPLIANCE WITH THE LAWS THAT APPLY TO ITS CLASS OF REGISTRATION. I (WE) HAVE RECEIVED A COPY OF THIS APPLICATION AND ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT. IF APPLICABLE, I (WE) HAVE KNOWLEDGE OF STATE AND FEDERAL REGULATIONS APPLICABLE TO COMMERCIAL VEHICLE OPERATION, MINNESOTA STATUTES, CHAPTER 221, PUBLIC SERVICE COMMISSION RULES 1 THROUGH 48 AND CODE OF FEDERAL REGULATIONS, TITLE 49, PARTS 390 THROUGH 399, AND IF A TRANSPORTER OF HAZARDOUS MATERIALS, CODE OF FEDERAL REGULATIONS, TITLE 49, PARTS 171 TO 199.			LATE TRANSFER PENALTY	
			SUB-TOTAL				
			STATE/DEPUTY FILING FEE				
			TOTAL DUE				

NON-NEGOTIABLE REGISTRATION RECEIPT (CARD) AND CAB CARD
THIS COPY WHEN VALIDATED (STAMPED ABOVE BY A DEPUTY REGISTRAR OR THE CENTRAL OFFICE) SERVES AS EVIDENCE THAT THIS RECEIPT HAS BEEN ASSIGNED TO THE OWNER FOR USE ONLY ON THE VEHICLE DESCRIBED.

WITHOUT PROPER OWNERSHIP/TRANSFER DOCUMENTS (e.g., OUT-OF-STATE CERTIFICATE OF TITLE), NO MINNESOTA TITLE WILL BE ISSUED.

DO NOT SIGN UNTIL COMPLETE

X _____ DATE**X** ALL PURCHASERS/OWNERS MUST SIGN _____ DATE