

**APPLICATION TO TITLE/REG. A VEHICLE**

MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
 Driver and Vehicle Services Division  
 445 Minnesota St., St. Paul, MN 55101-5185  
 Phone (651) 297-2126 TTY: (651) 282-6555  
 dvs.dps.mn.gov



VALIDATION AND OFFICE USE ONLY

Print Form

FOR CENTRAL OFFICE USE ONLY

PLATE NUMBER	YEAR
YEAR VALIDATION STICKER NUMBER	YEAR
WEIGHT STICKER NUMBER/MOTORCYCLE ENGINE NO.	

DVS CENTRAL OFFICE USE ONLY		
DOT#	EMPTY WT.	# AXLES

<b>A</b> 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	View Color Codes		TRUCKS/TRAILERS					
VEHICLE IDENTIFICATION NUMBER				BODY <input type="checkbox"/>		ROOF <input type="checkbox"/>		DOT#			EMPTY WT.	# AXLES
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>B</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		

<b>C</b> SELLER(S)  MUST COMPLETE and SIGN	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:					DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE:				
<input type="checkbox"/> Actual mileage <input type="checkbox"/> In excess of odometer's mechanical limits <input type="checkbox"/> Not actual mileage - <b>WARNING ODOMETER DISCREPANCY</b>					<input type="checkbox"/> Has (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE. <input type="checkbox"/> Has Not					
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)										

<b>D</b> PURCHASER(S) OWNER(S)  MUST COMPLETE and SIGN	PURCHASER'S MOTOR VEHICLE SALES TAX DECLARATION			Base value or Gross Weight		REGISTRATION TAX				
	1. Full purchase price	\$		Registration Period		PLATE FEE				
2. Less trade-in allowance complete item #6			From _____ Through _____		ARREARS TAX Fees will vary -					
3. Net purchase price			Change of Gross Vehicle Weight		WHEELAGE TAX Call us at					
4. _____ % of line 3			Time of Change _____ : _____ Hours _____		651-275-7000					
5. Less tax paid to another state			Date of Change		PS VEHICLE FEE for assistance					
NET SALES TAX DUE \$			Date Change Expires		TRANSFER TAX					
6. Trade-in was: MODEL YR. MAKE PLATE #			Change of Weight and/or Class		TITLE/TRANSFER FEE					
I DECLARE THIS TAX EXEMPTION CODE:			From _____ To _____		LIEN FEE					
MN DEALER LICENSE #			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.		MV SALES TAX					
MN SALES TAX ACCOUNT #					LATE TRANSFER PENALTY					
INTERNAL REV. CODE # (IRC)					SUB-TOTAL					
PRORATE ACCOUNT # (Sales tax due when registered)					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.

DATE \_\_\_\_\_

DO NOT SIGN UNTIL COMPLETE X ALL PURCHASERS/OWNERS MUST SIGN

DATE \_\_\_\_\_