

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



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

VALIDATION AND OFFICE USE ONLY

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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	BODY <input type="checkbox"/>	ROOF <input type="checkbox"/>	TRUCKS/TRAILERS		
	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 NUMBER				MINNESOTA COUNTY OR OTHER STATE WHERE VEHICLE IS KEPT						

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 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 - WARNING ODOMETER DISCREPANCY				<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)								

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

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 _____ DATE
 ALL PURCHASERS/OWNERS MUST SIGN