

**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. |      |

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|   |                               |   |                         |   |                  |                               |                               |  |  |  |  |
|---|-------------------------------|---|-------------------------|---|------------------|-------------------------------|-------------------------------|--|--|--|--|
| <b>A</b><br>PURCHASER(S)<br>OWNER(S)<br><br>MUST COMPLETE<br><br>Vehicle Information<br><br>Purchaser(s)<br>Owner(s)<br>Information | DATE OF PURCHASE              | NEW <input type="checkbox"/><br>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 | 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.<br><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>B</b><br>PURCHASER(S)<br>OWNER(S)<br><br>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><br>SELLER(S)<br><br>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<br><input type="checkbox"/> In excess of odometer's mechanical limits<br><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.<br><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><br>PURCHASER(S)<br>OWNER(S)<br><br>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 _____ | 763-324-2100                  |  |  |
|   | 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 # _____<br>MN SALES TAX ACCOUNT # _____<br>INTERNAL REV. CODE # (IRC) _____<br>PRORATE ACCOUNT # _____<br>(Sales tax due when registered)                                     |   |      | 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. |  |                               |  |  |
| NON-NEGOTIABLE REGISTRATION RECEIPT (CARD) AND CAB CARD   |   |      | LATE TRANSFER PENALTY   |  |                               |  |  |
| 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. |   |      | SUB-TOTAL   |  |                               |  |  |
| WITHOUT PROPER OWNERSHIP/TRANSFER DOCUMENTS (e.g., OUT-OF-STATE CERTIFICATE OF TITLE), NO MINNESOTA TITLE WILL BE ISSUED.   |   |      | STATE/DEPUTY FILING FEE   |  |                               |  |  |
|   |   |      | TOTAL DUE   |  |                               |  |  |

PS2000-44 (05/16)

W/O PROPER OWNERSHIP/TRANSFER DOCUMENTS (e.g., OUT-OF-STATE CERTIFICATE OF TITLE), NO MINNESOTA TITLE WILL BE ISSUED.

DO NOT SIGN UNTIL COMPLETE

X ALL PURCHASERS/OWNERS MUST SIGN

DATE \_\_\_\_\_

DATE \_\_\_\_\_