

**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

[drive.mn.gov](http://drive.mn.gov)

VALIDATION AND OFFICE USE ONLY



Contact Phone Number for Customer	PLATE NUMBER	STICKER NUMBER	YEAR
WEIGHT STICKER NUMBER/MOTORCYCLE ENGINE NO.			

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**A Vehicle Identification Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MODEL YEAR	MAKE	MODEL	BODY STYLE	VEHICLE COLOR	WEIGHT RATING										
VEHICLE TYPE	VEHICLE CLASS	VEHICLE USE TYPE	# PASS.	FUEL TYPE	NEW <input type="checkbox"/>	DATE OF ACQUISITION									
USED <input type="checkbox"/>															
AUTO INSURANCE COMPANY	POLICY NUMBER	EXP. DATE	EMPTY WT.	# AXLES											

**B 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

In excess of odometer's mechanical limits

Not actual mileage - **WARNING ODOMETER DISCREPANCY**

**DAMAGE DISCLOSURE STATEMENT.** TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE:

Has (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.

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 IN SECTION D.

SELLER'S PRINTED NAME(S)	ACQUISITION DATE
SELLER'S ADDRESS	DEALER LICENSE #

**X** \_\_\_\_\_  
ALL SELLER'S SIGNATURE(S)

**C IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)?** YES  NO  IF YES, COMPLETE SECTION C.

FIRST SECURED PARTY (PRINT NAME)	DATE OF LOAN	For Additional Secured Parties, Attach Completed Form PS2017	
STREET ADDRESS	CITY	STATE	ZIP CODE

**D** If more than two owners, complete a separate attachment with the additional owner's information (must provide all info as below)

FIRST, MIDDLE, LAST NAME	DRIVER'S LICENSE NUMBER / DEALER NUMBER	DATE OF BIRTH
ADDITIONAL PURCHASER(S)/OWNER(S) FIRST, MIDDLE, LAST NAME	DRIVER'S LICENSE NUMBER	DATE OF BIRTH
RESIDENCE STREET ADDRESS	CITY	STATE ZIP CODE
MAILING ADDRESS		

**E** You can elect to receive your registration renewals by email. If you select this option, paper renewal notices will not be mailed.

To elect this service please provide an email address for notices to be emailed to: \_\_\_\_\_

**F** This section to be completed if under 18. I CERTIFY BY MY SIGNATURE I HAVE PURCHASED THE VEHICLE DESCRIBED ON THIS APPLICATION. CHECK ONE:

<input type="checkbox"/> I am 17 years old and have completed an approved driver training course.	<input type="checkbox"/> I am an employed, emancipated minor and I have a Minnesota driver's license.
<input type="checkbox"/> I am 17 years old and a high school graduate.	<input type="checkbox"/> When I was a resident of a foreign state, I was the duly registered owner of the automobile or truck described on this application. (COMPLETE SECTION G)

**G** "A vehicle acquired by a Minnesota resident is subject to tax as soon as the vehicle is operated on a Minnesota street or highway. An automobile brought into Minnesota by a non-resident must be registered within 60 days; however, if the foreign state vehicle is not currently registered, the vehicle must be registered immediately. Tax for a non-resident is calculated 60 days from date of residency or transaction date, whichever is first; or from the date vehicle is first operated on a Minnesota road or highway."

WERE YOU A MINNESOTA RESIDENT AT THE TIME OF PURCHASE?  YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, WHEN DID YOU BECOME A MINNESOTA RESIDENT? _____	IF YES, WHEN WAS THE VEHICLE FIRST OPERATED ON A MINNESOTA ROAD OR HIGHWAY? _____
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**H**

BASE VALUE/MSRP or GROSS WEIGHT	REGISTRATION PERIOD From _____ Through _____	USDOT Number				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center;">MN COUNTY/STATE VEH. IS KEPT</td> <td style="width:70%; text-align: center;">Registration Quantity</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		MN COUNTY/STATE VEH. IS KEPT	Registration Quantity	_____	_____	
MN COUNTY/STATE VEH. IS KEPT	Registration Quantity					
_____	_____					

**FOR CLASSIC, COLLECTOR, STREET ROD & PIONEER, PLEASE INDICATE DESIRED NUMBER OF PLATES:**  One Plate  Two Plates

REGULAR LICENSE PLATE NUMBER OF THE OTHER VEHICLE OWNED OR LEASED BY YOU: \_\_\_\_\_

**NOTE: TRAILERS AND TRUCKS REGISTERED ON A GROSS WEIGHT BASIS MUST BE REGISTERED AT A MINIMUM OF 1.25 TIMES THE EMPTY WEIGHT.**  
 † FOR TRUCKS REGISTERED AT 78,000 OR HIGHER, MUST DECLARE THE NUMBER OF AXLES ON THE FRONT OF THIS APPLICATION.

**I PURCHASER'S MOTOR VEHICLE SALES TAX DECLARATION**

1. Full purchase price	\$	_____
2. Less trade-in allowance complete item #6	\$	_____
3. Net purchase price	\$	_____
4. 6.5% of line 3	\$	_____
5. Less tax paid to another state	\$	_____
<b>NET SALES TAX DUE \$</b>		_____
6. Trade-in was:		
MODEL YR.	MAKE	PLATE #
_____	_____	_____
VIN NUMBER		
_____		

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

MN DEALER LICENSE # _____
MN SALES TAX ACCOUNT # _____
INTERNAL REV. CODE # (IRC) _____
PRORATE ACCOUNT # _____
PRORATE FLEET # _____
I declare this tax exemption _____
<b>ADDITIONAL FEES:</b>
ELECTRIC VEHICLE SURCHARGE _____
EXPEDITED TITLE FEE _____
FARM QUARTERLY FEE _____
LEASE EXTENSION FEE _____
REINSTATEMENT FEE _____
SALVAGE INSPECTION FEE _____
SPECIAL PLATE TRANSFER FEE _____

<b>ADMIN/REGISTRATION TAX</b> _____
<b>PLATE FEE</b> _____
<b>CONTRIBUTION FEE</b> _____
<b>WHEELAGE TAX</b> _____
<b>TECH SURCHARGE FEE</b> _____
<b>PS VEHICLE FEE</b> _____
<b>TRANSFER TAX</b> _____
<b>TITLE FEE</b> _____
<b>LIEN FEE</b> _____
<b>MV SALES TAX</b> _____
<b>LATE TRANSFER PENALTY</b> _____
<b>SUB-TOTAL</b> _____
<b>STATE/DEPUTY FILING FEE</b> _____
<b>TOTAL DUE</b> _____

(Sales tax due when registered)

**J Tennessee Warning**

**What is the purpose of supplying the requested information?**

•The information collected on this form is used to apply for a certificate of title pursuant to Minn. Stat. § 168A.02(1).

**Am I required to provide the requested information?**

•You must provide the information requested within ten days of the date of sale in order to obtain a certificate of title. See Minn. Stat. § 168A.10(2).

**What will happen if I do not provide the requested information?**

•If you do not provide the requested information, DVS will be unable to process your application for a certificate of title.

**Who will have access to the requested information?**

•DVS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. Information on an individual provided to register a vehicle may be treated as provided by U.S.C. § 2721, and may be disclosed as required or permitted by that section. Information may be used, rented, or sold solely for bulk distribution by organizations for business purposes including surveys, marketing or solicitation. The registered owner may request, in writing, that their residence address or name and residence address be classified as "private data on individuals," provided the vehicle is not registered to a business. See Minn. Stat. § 168.346(3).

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 Federal and State applicable to commercial motor vehicle operation, Minn. Stat. § 221, public service commission rules 1-48 and 49 U.S.C. § 390-399, and if a transporter of hazardous materials, 49 U.S.C. §§ 171-199.

You may disclose my information for any use in response to requests for my individual driver or motor vehicle record.

You may disclose my personal information for bulk distribution for surveys, marketing or solicitations.

Signature \_\_\_\_\_ DATE \_\_\_\_\_

Signature \_\_\_\_\_ DATE \_\_\_\_\_

ALL PURCHASERS/OWNERS MUST SIGN

**DO NOT SIGN UNTIL FORM IS COMPLETED IN ENTIRETY**