

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

VALIDATION AND OFFICE USE ONLY

Print Form

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

Enter the Contact Phone Number for Customer (above)

A Vehicle Identification Number

| | | | | | |
|------------------------|---------------|------------------|------------|---------------|--|
| 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 | |
| | | | | | |

In Section A, enter the following information:

- | | |
|-------------------------------|------------------------------|
| Vehicle Identification Number | Fuel Type |
| Model Year | Auto Insurance Company |
| Make | Auto Insurance Policy Number |
| Body/Model Type | Auto Insurance Exp. Date |

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)

In Section B, enter in the following:

- Odometer Mileage
- Check the appropriate box regarding the Odometer Mileage:
 - Actual Mileage
 - In excess of odometer's mechanical limits
 - Not actual mileage
- Check if the vehicle HAS or HAS Not had excessive damage.

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 |

In Section C check whether the vehicle is subject to security agreements.

| | | | | |
|----------|--|---|---------------|----------|
| 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 | | | |

In Section D, enter the following information:

| | |
|--------------------------|----------|
| First, Middle, Last Name | City |
| Driver's License Number | State |
| Date of Birth | Zip Code |
| Residence Street Address | |

| | | |
|--|--------------------------|------|
| J | Tennessee Warning | |
| Signature | | DATE |
| Signature | | DATE |
| <small>ALL PURCHASERS/OWNERS MUST SIGN</small> | | |
| DO NOT SIGN UNTIL FORM IS COMPLETED IN ENTIRETY | | |

In Section J, sign and date.