

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

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Driver and Vehicle Services Division

445 Minnesota St., St. Paul, MN 55101-5185

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[drive.mn.gov](http://drive.mn.gov)VALIDATION AND  
OFFICE USE ONLY**Print Form**

PLATE NUMBER	STICKER NUMBER	YEAR
Contact Phone Number for Customer <input type="text"/>	WEIGHT STICKER NUMBER/MOTORCYCLE ENGINE NO. <input type="text"/>	

Enter the Contact Phone Number for Customer (above)

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

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

Color

Empty Wt. (trailers, trucks, etc.)

Weight Rating (trailers, trucks, etc.)

# Axles (trailers, trucks, etc.)

<b>B</b>	<b>ODOMETER DISCLOSURE STATEMENT.</b> I (WE) CERTIFY THAT THE ODOMETER NOW READS <input type="text"/> (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE, THE ODOMETER MILEAGE IS: <input type="checkbox"/> <b>Actual mileage</b> <input type="checkbox"/> <b>In excess of odometer's mechanical limits</b> <input type="checkbox"/> <b>Not actual mileage - WARNING ODOMETER DISCREPANCY</b>	<b>DAMAGE DISCLOSURE STATEMENT.</b> TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE: <input type="checkbox"/> <b>Has</b> (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE. <input type="checkbox"/> <b>Has Not</b>
<b>ASSIGNMENT:</b> 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.

<b>C</b> IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, COMPLETE SECTION C</b>		
FIRST SECURED PARTY (PRINT NAME)		DATE OF LOAN
STREET ADDRESS		CITY STATE ZIP CODE

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

<b>D</b> 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	Mailing Address (if different than your residence)

<b>F</b> 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)		

In Section F, complete information if under 18.

<b>G</b> "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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NO WHEN DID YOU BECOME A MINNESOTA RESIDENT?	IF YES WHEN WAS THE VEHICLE FIRST OPERATED ON A MINNESOTA ROAD OR HIGHWAY?

In Section G, complete information.

<b>H</b> BASE VALUE/MSRP or GROSS WEIGHT		REGISTRATION PERIOD	USDOT Number
MN COUNTY/STATE VEH. IS KEPT	Registration Quantity	From _____ Through _____	
FOR CLASSIC, COLLECTOR, STREET ROD & PIONEER, PLEASE INDICATE DESIRED NUMBER OF PLATES: <input type="checkbox"/> One Plate <input type="checkbox"/> 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.			

In Section H, enter the following information:

Base Value/MSRP or Gross Weight (weighted vehicles (trucks, trailers) Manufacturer's GVWR  
USDOT Number (commercial trucks weighted at over 10, 000 lbs. GVWR)  
MN county/state vehicle is kept

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

1. Full purchase price	\$ <input type="text"/>	MN DEALER LICENSE # <input type="text"/>	ADMIN/REGISTRATION TAX <input type="text"/>
2. Less trade-in allowance complete item #6	\$ <input type="text"/>	MN SALES TAX ACCOUNT # <input type="text"/>	PLATE FEE <input type="text"/>
3. Net purchase price	\$ <input type="text"/>	INTERNAL REV. CODE # (IRC) <input type="text"/>	CONTRIBUTION FEE <input type="text"/>
4. 6.5% of line 3	\$ <input type="text"/>	PRORATE ACCOUNT # <input type="text"/>	WHEELAGE TAX <input type="text"/>
5. Less tax paid to another state\$ <input type="text"/>	NET SALES TAX DUE \$ <input type="text"/>	PRORATE FLEET # <input type="text"/>	TECH SURCHARGE FEE <input type="text"/>
6. Trade-in was:	MODEL YR. <input type="text"/> MAKE <input type="text"/> PLATE # <input type="text"/>	I declare this tax exemption <input type="text"/>	PS VEHICLE FEE <input type="text"/>
VIN NUMBER <input type="text"/>		TRANSFER TAX <input type="text"/>	
ADDITIONAL FEES: ELECTRIC VEHICLE SURCHARGE <input type="text"/> EXPEDITED TITLE FEE <input type="text"/> FARM QUARTERLY FEE <input type="text"/> LEASE EXTENSION FEE <input type="text"/> REINSTATEMENT FEE <input type="text"/> SALVAGE INSPECTION FEE <input type="text"/> SPECIAL PLATE TRANSFER FEE <input type="text"/>			
TITLE FEE <input type="text"/> LIEN FEE <input type="text"/> MV SALES TAX <input type="text"/> LATE TRANSFER PENALTY <input type="text"/> SUB-TOTAL <input type="text"/> STATE/DEPUTY FILING FEE <input type="text"/> <b>TOTAL DUE</b> <input type="text"/>			
(Sales tax due when registered)			

In Section I, enter the following information:

Full purchase price

**J Tennesseen Warning**

Signature <input type="text"/>	<input type="text"/>
Signature <input type="text"/>	<input type="text"/> DATE
ALL PURCHASERS/OWNERS MUST SIGN	
<b>DO NOT SIGN UNTIL FORM IS COMPLETED IN ENTIRETY</b>	

In Section J, sign and date.