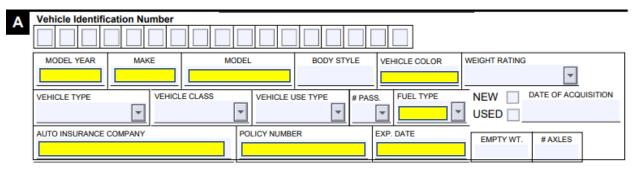
## APPLICATION TO TITLE/REG. A VEHICLE MINNESOTA DEPARTMENT OF PUBLIC SAFETY Driver and Vehicle Services Division 445 Minnesota St. St. Paul, MM 55101-5185 Phone: 651-297-2126 TTY: 651-282-6555 drive.mn.gov Contact Phone Number for Customer WEIGHT STICKER NUMBER/MOTORCYCLE ENGINE NO.

## Enter the Contact Phone Number for Customer (above)



## 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

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	DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE:  Has (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.
In excess of odometer's mechanical limits  Not actual mileage - WARNING ODOMETER DISCREPANCY	Has Not
ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY TAX AND VEHICLE TO THE PERSON(S) NAMED IN SECTION D.	Y INTERESTS. I (WE) WARRANT TITLE AND ASSIGN THE REGISTRATION
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

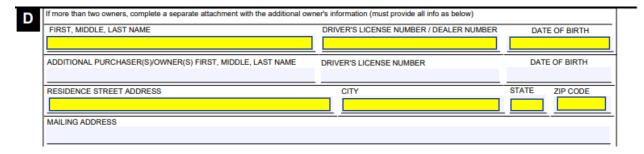
Check the appropriate box regarding the Odometer Mileage:

Actual Mileage In excess of odometer's mechanical limits

Not actual mileage

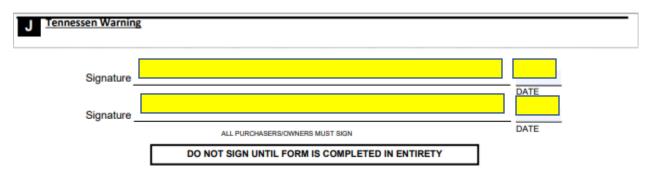
Check if the vehicle HAS or HAS Not had excessive damage.

IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)?	YES		NO		IF YES, C	OMPLETE SI	ECTION 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 D, enter the following information:

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



In Section J, sign and date.