

**STATE OF MINNESOTA  
CERTIFICATE OF TITLE FOR A MOTOR VEHICLE**

**Vehicle information found here - VIN, Make, Model, Title Number  
Title issue date, Odometer, Tax Base, Plate**

**IF THERE IS A LIEN  
HOLDER IT WILL BE  
SHOWN HERE**  
If there is a lienholder showing  
on the title - we require a lien  
release in order to transfer

**Owner(s) Listed Here**  
If more than one owner, we need ALL owners  
signatures as sellers

Please write phone number here

**ASSIGNMENT BY SELLER (TRANSFEROR)**

FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. MINNESOTA LAW REQUIRES THAT YOU MAKE A DISCLOSURE ABOUT DAMAGE TO THE VEHICLE. A FALSE OR FRAUDULENT STATEMENT OF PURCHASE BY ANY PERSON IS A GROSS MISDEMEANOR OR FELONY.

**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  
 EXCEEDS MECHANICAL LIMITS OF ODOMETER  
 IS NOT ACTUAL MILEAGE - WARNING ODOMETER DISCREPANCY

**DAMAGE DISCLOSURE STATEMENT.** TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE:  HAS  HAS NOT (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.

ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS, WARRANT TITLE, AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO:

SELLER'S PRINTED NAME(S)	DATE OF SALE	BUYER'S PRINTED NAME(S)
SELLER'S ADDRESS	DEALER'S LICENSE #	BUYER'S ADDRESS
SELLER'S SIGNATURE(S)		BUYER'S SIGNATURE(S)

**APPLICATION FOR TITLE BY BUYER (TRANSFeree). MUST BE SUBMITTED WITHIN 10 DAYS (Please Print)**

BUYER'S NAME (LAST)	BUYER'S NAME (FIRST)	BUYER'S NAME (MIDDLE)	DATE(S) OF BIRTH	BUYER'S DRIVER'S LICENSE NUMBER(S)	
ADD'L BUYER'S NAME(S) (LAST)	ADD'L BUYER'S NAME(S) (FIRST)	ADD'L BUYER'S NAME(S) (MIDDLE)	DATE(S) OF BIRTH	BUYER'S DRIVER'S LICENSE NUMBER(S)	
STREET ADDRESS		CITY	COUNTY/CODE	STATE	ZIP CODE

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

**Only fill this out if you took a loan out to purchase the vehicle**

FIRST SECURED PARTY'S NAME (PRINT NAME)	DATE OF SECURITY AGREEMENT	FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM PS2017	
STREET ADDRESS	CITY	STATE	ZIP CODE

I (WE) CERTIFY I (WE) AM (ARE) OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHERS. I (WE) ATTEST BY THIS TRANSACTION THAT THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS. ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT.

**All buyers must sign here (NOT the seller)**

MINNESOTA COUNTY OR OTHER STATE WHERE VEHICLE IS KEPT

**APPLICANT'S/BUYER'S SIGNATURE(S) All Must Sign**  
IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED ON THIS APPLICATION IS REQUIRED BY LAW AND IS USED TO IDENTIFY THE MOTOR VEHICLE. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DENIAL OF THE REQUESTED ACTION. EXCEPT FOR CERTAIN USES PERMITTED BY FEDERAL AND STATE LAWS, PERSONAL INFORMATION CONTAINED IN YOUR APPLICATION MAY NOT BE DISCLOSED TO ANYONE WITHOUT YOUR EXPRESS CONSENT. YOU MAY EXPRESSLY CONSENT TO THE DISCLOSURE OF YOUR INFORMATION BY WRITING TO THE FOLLOWING ADDRESS:

CONTROL NUMBER



0002018778

**KEEP IN A SAFE PLACE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE**

**SELLER'S NOTICE OF SALE**

When you sell this vehicle, you are responsible to file the information on the back side of this notice with the Department of Public Safety *within 10 days*. Please file this information over the internet at [dvs.dps.mn.gov](http://dvs.dps.mn.gov), call 651-284-1234, or complete all the information on this notice and mail to the address below. This notice is not required if sold to a Minnesota licensed dealer.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES DIVISION  
445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187