

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES

445 Minnesota Street Saint Paul, MN 55101-5187

Phone: (651) 297-2126 TTY: (651) 282-6555 Web: dvs.dps.mn.gov

APPLICATION FOR DUPLICATE TITLE, REGISTRATION, CAB OR LIEN CARD

PLEASE READ THE INSTRUCTIONS AT THE BOTTOM OF THIS PAGE BEFORE COMPLETING Duplicate plates and stickers ARE NOT required when applying for duplicate title

FOR OFFICE USE ONLY

TITLE NUMBER OF MISSING DOCUMENT				MN	MN PLATE NUMBER					MAKE				MODEL YEAR				'			
			\	/EHICI	LE IDEN	TIFICA	TION N	IUMBE	R				I								
																	FOR CI	ENTRAL C	FFICE	USE ONLY	
PRINT FIRST LAST, FIRST, MIDDLE NAME												DRIVER'S LICENSE NUMBER							DATE OF BIRTH		
APPLICANT'S	•																				
FULL NAME	ADDITIONAL	LAST	LAST, FIRST, MIDDLE NAME								DRIVER'S LICENSE NUMBER							ATE OF BIRTH			
		•																			
PRINT ADDRE	SS OF	STRE	STREET ADDRESS CIT									COUNTY					•	STAT	E)	ZIP CODE	
FIRST OWNER (PERMANENT ADDRESS)																					
(PERIVIAINEINI	ADDRESS)																				
THIS APPLIC	HIS APPLICATION IS FOR A DUPLICATE (Please check one): Title Reg. Card Cab Card Lien Card														FEES DUE						
	ox that indicat										-5	-									
STOLEN MUTILATED – Attach the mutilated documen										ment	Ł							DUPLICATE 7.25 TTS 2.25			
DESTROYED ILLEGIBLE – Attach the illegible document									nt										2.25		
LOST														ument)	FILING 11.00						
	LOST NOT RECEIVED (Your lending institution or the postal service may have the missing document) GIVEN TO BUYER (SELLER IS FILING AFFIDAVIT OF SALE)													differit)	TOTAL		20.50				
GIVLIN	10 BOTEK (3	LLLLN	IS I IL	.ING A	IIIDAV	11 01	SALL)													20.00	
Temporary Attach a SELI		D, STAI	MPED	ENVE	LOPE is	f the a	locume	ent mu	ıst be	e sent i	to a t	етро	orary	addı	ess,	and pr	int that	address	here	;	
STREET ADDR									CITY							STAT	ΓE	ZIP	ZIP CODE		
Please Che	ck One:	Appli	icant	is the	Owne	r (if joi	intly ow	ned, c	nly o	ne owr	ner's s	signat	ure i	s requ	uired)		Applic	ant is S	ecur	e Party	
I certify that all surrendered to		ions are	e true a	and co	rrect. I a	am the	owner	or sec	ured	party o	of this	vehic	le ar	nd the	origi	nal doc	ument h	as not be	en as	signed and/or	
X							<u> x</u>											Date	9		
	Γ(S) SIGNATU						4	APPL	ICAN	IT(S) S	IGN/	ATUR	E(S)								
Title of Ager																					
LIEN RELEASE – Print name and address of lien holder											- NOTICE -				Sub	Subscribed and sworn to before me					
SECURED PARTY'S NAME										Secured party's signature must be notarized to relea						e this	this				
STREET ADDRE		MINNESOTA TAX ID NO.									a lien.					Day	Day of 20				
					-												_ _				
CITY				STATE		ZIF	ZIP CODE							party named no longer urity interest in the vehicle ove.				NOTARY PUBLIC COUNTY			
																	le				
SIGNATURE A	AND TITLE OF	AUTH	ORIZE	D AG	ENT														550		
x										Date of Release:						_	MY COMMISSION EXPIRES				

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING

- 1. Duplicate plates and stickers ARE NOT required when applying for a duplicate title, registration/cab card or lien card. You only need to complete this side of the form.
- 2. Fees: Please contact DVS or your local deputy registration to determine fees or for assistance in completing this form. If you are applying by mail, make remittance payable to: Driver and Vehicle Services.

IMPORTANT NOTICE: PLEASE READ

DVS will issue a duplicate certificate of title only to the owner or legal representative (power of attorney is required) of the owner named on the original certificate. If the original certificate of title is recovered, it must be returned to DVS.

All data collected on a motor vehicle application are required by law. These data are used to identify your motor vehicle. Failure to provide required data may result in denial of the transfer of ownership, registration of this vehicle, or other 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.