

**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  
 dvs.dps.mn.gov



VALIDATION AND OFFICE USE ONLY

Print Form

FOR CENTRAL OFFICE USE ONLY

PLATE NUMBER	YEAR
YEAR VALIDATION STICKER NUMBER	YEAR
WEIGHT STICKER NUMBER/MOTORCYCLE ENGINE NO.	

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<b>A</b> PURCHASER(S) OWNER(S)  MUST COMPLETE  Vehicle Information  Purchaser(s) Owner(s) Information	DATE OF PURCHASE	NEW <input type="checkbox"/> USED <input type="checkbox"/>	PREVIOUS PLATE NUMBER	YEAR	EXPIRATION DATE	MONTH	YEAR	DVS CENTRAL OFFICE USE ONLY			
	MODEL YEAR	MAKE	BODY/MODEL TYPE	COLOR CODE	View Color Codes	BODY <input type="checkbox"/>	ROOF <input type="checkbox"/>	TRUCKS/TRAILERS			
	VEHICLE IDENTIFICATION NUMBER							<input type="checkbox"/> You may disclose my information for any use in response to requests for my individual driver or motor vehicle record. <input type="checkbox"/> You may disclose my personal information for bulk distribution for surveys, marketing or solicitations.			
	LAST, FIRST, MIDDLE NAME			DRIVER'S LICENSE NUMBER / DEALER NUMBER			DATE OF BIRTH				
ADDITIONAL PURCHASER(S)/OWNER(S) LAST, FIRST, MIDDLE NAME			DRIVER'S LICENSE NUMBER			DATE OF BIRTH					
STREET ADDRESS				CITY		COUNTY CODE	STATE	ZIP CODE			
DAYTIME TELEPHONE NO.	MN COUNTY/STATE VEH. IS KEPT	AUTO INSURANCE COMPANY		POLICY NO.	EXP. DATE						

<b>B</b> PURCHASER(S) OWNER(S)  MUST COMPLETE	IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, COMPLETE SECTION B.							
	FIRST SECURED PARTY (PRINT NAME)				DATE OF LOAN		For Additional Secured Parties, Attach Completed Form PS2017	
	STREET ADDRESS			CITY		STATE	ZIP CODE	

<b>C</b> SELLER(S)  MUST COMPLETE and SIGN	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:				DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE:			
	<input type="checkbox"/> Actual mileage <input type="checkbox"/> In excess of odometer's mechanical limits <input type="checkbox"/> Not actual mileage - <b>WARNING ODOMETER DISCREPANCY</b>				<input type="checkbox"/> Has (CHECK ONE) SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE. <input type="checkbox"/> 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 ABOVE.							
	SELLER'S PRINTED NAME(S)				DATE OF SALE			
SELLER'S ADDRESS				DEALER LICENSE #				
X ALL SELLER'S SIGNATURE(S)								

<b>D</b> PURCHASER(S) OWNER(S)  MUST COMPLETE and SIGN	PURCHASER'S MOTOR VEHICLE SALES TAX DECLARATION			Base value or Gross Weight	REGISTRATION TAX		
	1. Full purchase price	\$		Registration Period	PLATE FEE		
	2. Less trade-in allowance complete item #6			From _____ Through _____	ARREARS TAX Fees will vary -		
	3. Net purchase price	\$		Change of Gross Vehicle Weight	WHEELAGE TAX Call us at		
	4. _____ % of line 3	\$		Time of Change _____ : _____ Hours _____	651-275-7000		
	5. Less tax paid to another state	\$		Date of Change _____	PS VEHICLE FEE for assistance		
NET SALES TAX DUE \$			Date Change Expires _____	TRANSFER TAX			
6. Trade-in was:	MODEL YR.	MAKE	PLATE #	Change of Weight and/or Class	TITLE/TRANSFER FEE		
I DECLARE THIS TAX EXEMPTION CODE:			From _____ To _____	LIEN FEE			
MN DEALER LICENSE # _____ MN SALES TAX ACCOUNT # _____ INTERNAL REV. CODE # (IRC) _____ PRORATE ACCOUNT # _____ (Sales tax due when registered)			I (WE) CERTIFY I (WE) ARE OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHER. THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE OPERATING UPON THE PUBLIC STREETS AND HIGHWAYS. THE VEHICLE WILL BE OPERATED IN COMPLIANCE WITH THE LAWS THAT APPLY TO ITS CLASS OF REGISTRATION. I (WE) HAVE RECEIVED A COPY OF THIS APPLICATION AND ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT. IF APPLICABLE, I (WE) HAVE KNOWLEDGE OF STATE AND FEDERAL REGULATIONS APPLICABLE TO COMMERCIAL VEHICLE OPERATION, MINNESOTA STATUTES, CHAPTER 221, PUBLIC SERVICE COMMISSION RULES 1 THROUGH 48 AND CODE OF FEDERAL REGULATIONS, TITLE 49, PARTS 390 THROUGH 399, AND IF A TRANSPORTER OF HAZARDOUS MATERIALS, CODE OF FEDERAL REGULATIONS, TITLE 49, PARTS 171 TO 199.				
NON-NEGOTIABLE REGISTRATION RECEIPT (CARD) AND CAB CARD THIS COPY WHEN VALIDATED (STAMPED ABOVE BY A DEPUTY REGISTRAR OR THE CENTRAL OFFICE) SERVES AS EVIDENCE THAT THIS RECEIPT HAS BEEN ASSIGNED TO THE OWNER FOR USE ONLY ON THE VEHICLE DESCRIBED.			LATE TRANSFER PENALTY SUB-TOTAL STATE/DEPUTY FILING FEE TOTAL DUE				

WITHOUT PROPER OWNERSHIP/TRANSFER DOCUMENTS (e.g., OUT-OF-STATE CERTIFICATE OF TITLE), NO MINNESOTA TITLE WILL BE ISSUED.

PS2000-44 (05/16)

DO NOT SIGN UNTIL COMPLETE

DATE \_\_\_\_\_

DATE \_\_\_\_\_

ALL PURCHASERS/OWNERS MUST SIGN