

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	R OF MISSING DO	MN PLATE NUMBER		MAKE		MODEL YEAR			1					
		\/I	EHICLE IDENT	IFICATION NUME	BER									
		VI	LI IIOLL IDENT	II IOA IION NUME)LIX									
											R CENTRAL OFFICE USE ONLY			
PRINT APPLICANT'S	FIRST OWNER ▶	LAST, FIRST,		DRIVER'S LICENSE NUMBER					DAT	E OF BIRTH				
FULL NAME	ADDITIONAL OWNER LAST, FIRST, MIDDLE NAME					DRIVER'S LICENSE NUMBER				DATE OF BIRTH				
PRINT ADDRE FIRST OWNER (PERMANENT	2	STREET ADD	STREET ADDRESS			CITY			COUNTY		ZIP CODE			
THIS APPLICATION IS FOR A DUPLICATE (Please check one): Title R							Reg. Card Cab Card Lien Card				FEES DUE			
Check the I	oox that indicates						DUPLICATE							
STOLEN MUTILATED – Attach the mutilated documen						t				DUPLICATE				
DESTROYED ILLEGIBLE – Attach the illegible document										FILING				
LOST NOT RECEIVED (Your lending institution or the particular of t							oostal service may have the missing document)				TOTAL			
											<u> </u>			
Temporary Attach a SEL		STAMPED E	ENVELOPE if	the document m	ust be sent to	a tempor	ary address	s, and print	that a	ddress h	ere:			
STREET ADDRESS					CITY				STATE		ZIP CODE			
I certify that all surrendered to	of my declaratio	ns are true ar		(if jointly owned, on the owner or se	-	this vehicle	e and the ori			nt is Se		-		
Title of Ager	nt if Applicant	is Secured	Party:											
LIEN RELEASE – Print name and address of lien holder					- NOTICE -				Subscribed and sworn to before me					
SECURED PARTY'S NAME						Secured party's signature must be notarized to release			this_	this				
STREET ADDRI		MINNESOTA TAX ID NO.			a lien.			Day	Day of 20					
CITY			STATE ZIP CODE			The secured party named no longer claims a security interest in the vehicle described above.			NOTARY PUBLIC					
SIGNATURE A	AND TITLE OF A	UTHORIZE	O AGENT		a	escribed abo	ove.			(COUNT	Υ		
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.