

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES

445 Minnesota Street Saint Paul, MN 55101-5197 Phone: (651) 296-2605 TTY/TDD: (651) 282-6555 Web: dvs.dps.mn.gov

Affidavit Regarding Due Diligence

Use this form when your vehicle is six model years or older and it cannot be titled or registered because you do not have the required title documents, pursuant to Minn. Stat. § 168A.07 (Laws 2012, ch.287).

INSTRUCTIONS:

- 1. Print or type to complete this form: Affidavit Regarding Due Diligence (PS2026).
- The form and additional documents noted below must be submitted at a Deputy Registrar office. To determine the amount due and to find 2. the office nearest to you, visit dvs.dps.mn.gov or call 651-297-2126. Do not mail in the form.

VEHICLE DESCR	XIPTION			
Model Year	Make	Model	Туре	Plate Number
Vehicle Identific				
FAIR MARKET V	ALUE AND BUYER/S	SELLER INFORMATION		
	List the fair ma	arket value of this vehicle.	Evidence of this and pictures	of the vehicle are attached.
		of this valuation, such as a printo learly show all sides of the vehicl		ok price guide or other
I			(full name of applicant) be	ing sworn/affirmed on oath state:
				(address of applicant)
I purchased the	vahiala from:			
I purchased the		Name of seller	Date of Sa	ale
CHECK ALL		Address o	if seller	
	/, applicant <i>must</i> atte	st by checking <i>all</i> boxes:		
The vehicle	is six model years or o'	lder <i>(current calendar year - vehicle</i>	e model year = six or more);	
I have attach	hed a completed Appli	cation for Title, and all required tax	xes and fees have been paid	i.
🗌 I am an own	ner of the vehicle; and			
In attempting	ical possession of the v g to transfer interest in due diligence to <i>(check</i>	the vehicle or obtain a certificate of	f title or lien release, I was un	able
		ocations of one or more owners, pric	or owners, or lienholders; OR	
(B) Suc	cessfully contact one o	or more owners, prior owners, or lier	nholders known to me.	
	Acknowledgement oath, that the statements s	set forth herein are true and correct to th	he best of my knowledge and bel	ief
			X	
Printed or Type Nam	ne of Petitioner (Applicant)		Signature of Petitioner (Ap	plicant)
0	before me on	(date)		
X Notary Signature				
Notary Signature				
County	State	My Commission Expires		Notary Stamp

County