

## 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 DO	CUMENT	MENT MN PLATE NUMBER		MAKE		MODEL YEAR						
			FUICLE IDENT	TEICATION NUMB	- FD								
		V	EHICLE IDEN I	IFICATION NUMB	EK								
									FOR CE	NTRAL OF	FICE U	SE ONLY	
PRINT APPLICANT'S	FIRST LAST, FIRST, MIDDLE NAME  S OWNER					DRIVER'S LICENSE NUMBER				DATE OF B		E OF BIRTH	
FULL NAME	ADDITIONAL	LAST, FIRST, MIDDLE NAME				DRIVER'S LICENSE NUMBER						DATE OF BIRTH	
	OWNER ►												
PRINT ADDRESS OF FIRST OWNER (PERMANENT ADDRESS)			IDRESS			CITY			COUNTY		ZIP CODE		
THIS APPLIC	CATION IS FOI	R A DUPLIC	CATE (Please	check one):	Title Re	g. Card 「	Cab Card	Lier	n Card	F	EES	DUE	
Check the b	oox that indicates	s why the do	cument must b	e replaced:						DUDU 10			
STOLEN MUTILATED – Attach the mutilated documen										DUPLICATE			
DESTROYED ILLEGIBLE – Attach the illegible document										FILING			
LOST NOT RECEIVED (Your lending institution or the postal service may have the missing docu									ment)				
GIVEN TO BUYER (SELLER IS FILING AFFIDAVIT OF SALE)											TOTAL		
Temporary Attach a SEL		STAMPED I	ENVELOPE if	the document m	ust be sent to	a tempora	ary address	, and prin	t that	address l	nere:		
STREET ADDRESS C					CITY	TY			STATE		ZIP CODE		
Please Che	eck One:	Applicant is	s the Owner	(if jointly owned,	only one owne	er's signatur	re is required	1) [	Applica	ant is Se	cure l	Party	
I certify that all surrendered to		ns are true a	nd correct. I ar	m the owner or se	cured party of	this vehicle	and the orio	ginal docu	ment ha	s not bee	n assig	ned and/or	
X		SIGNATURE(S)				Date							
	T(S) SIGNATUR			APPI	LICANT(S) SI	GNATURE(	(S)						
	nt if Applicant												
LIEN RELEASE – Print name and address of lien holder						- NOTICE - Secured party's signature must be notarized to release			Sub	Subscribed and sworn to before me			
SECURED PARTY'S NAME									this	this			
STREET ADDRESS			MINNESOTA TAX ID NO.			a lien.			Day	Day of 20			
CITY  SIGNATURE AND TITLE OF AUT			STATE ZIP CODE			The secured party named no longer claims a security interest in the vehicle described above.			-	NOTARY PUBLIC COUNTY			
		AUTHORIZED AGENT											
						Date of Release:			-	MY COMMISSION EXPIRES			
<u>X</u>										501/11		/\\ \LO	

## 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.
- 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.