

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

DRIVER AND VEHICLE SERVICES

445 Minnesota Street, Suite 187 Saint Paul, MN 55101-5187 Phone: (651) 297-2126 TTY: (651) 282-6555

Web: dvs.dps.mn.gov

FOR OFFICE USE ONLY

AFFIDAVIT OF REPOSSESSION / '	TITLE APPLICATION
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Please read the instructions on the reverse side before completing this form. VEHICLE IDENTIFICATION NUMBER										
PLATE NUMBER	YEAR	MAKE	TYPE		MODEL		FOR CENTRAL OFFICE USE ONLY			
NAME OF REGISTERED OWNER(S)		TITLE NUM	TITLE NUMBER							
STREET ADDRESS CIT		CITY	STAT		ZIP CODE					
I, the undersigned, on oath duly s	worn, depose and	say that,								
NAME OF SECURED PARTY				DATE OF REPOSSESSION						
STREET ADDRESS		CITY	CITY			COUNTY CODE		ZIP CODE		
AUTO INSURANCE COMPANY		POLICY NU	POLICY NUMBER					EXP. DATE		
Is the owner of the vehicle designate agreement. This application for a						on made pu	rsuar	it to the	terms of the security	
I further state that in considerati persons acting for him from any which may be brought against th secure the title to the above desc	and all liability while registrar or any p	ich may be incurred by	the issuance of	such o	certificate and	agree, at ou	ır ow	n expens	se, to defend any suit	
ODOMETER DISCLOSURE STATEMENT I (we) state that the odometer now reads				I declare this tax exemption code:			TITLE FEE			
		nths) Miles	If needed, number:	ID						
And to the best of my knowledge that it reflects the actual mileage of the vehicle described herein unless one of the following statements is checked.			- number.							
I hereby certify to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.							P8	SV FEE		
I hereby certify that the odo	meter reading is no	t the actual mileage.								
WARNING: Odometer dis	screpancy if box (1) or (2) is checked.								
DAMAGE DISCLOSURE STATEMENT								NO FEE		
To the best of my knowledge this vehicle:							FIL	ING FEE		
Has Has Not (select one) sustained damage in excess of 80% actual cash value						Т	TOTAL TAX DUE			
			<u> </u>							
v										
X Signature of Secured Party										
CURCOURED AND OWORN REFORE	ME TUIC	DAYOS		22						
SUBSCRIBED AND SWORN BEFORE M NOTARY PUBLIC										
MY COMMISSION EXPIRES										
							NIC	TARV STA	MP	

INSTRUCTIONS

Repossession/Title Application

- 1. When the repossessing party chooses to title the vehicle in their name, this form also serves as their application for title. If the repossessing party has the Minnesota title in their possession, they do not need to apply for a title in their name. If the repossessing party is a private individual, please include their driver's license number and date of birth.
- 2. The following fees are due when the repossessing party titles the vehicle in their name: Title, Public Safety Vehicle (PSV), and Filing. If a private party is repossessing this vehicle, MN sales tax is due if the private party was not the previous owner. To determine the amount due, visit dvs.dps.mn.gov and select Fees from the top menu or call (651) 297-2126.
- 3. A secured party that has the certificate of title but elects not to title the vehicle in their name must complete and submit a dealer purchase receipt (PS2009).
- 4. All forms and fees may be submitted to your local deputy registrar office or by mail to:

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES 445 MINNESOTA STREET, SUITE 187 ST. PAUL, MINNESOTA 55101-5187

For a list of office locations, visit dvs.dps.mn.gov or call (651) 297-2005.