

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES DIVISION

445 MINNESOTA ST. SUITE 165 ST. PAUL, MN 55101-5165 Phone: (651) 297-2126 TTY: (651) 282-6555 Website: dvs.dps.mn.gov

AFFIDAVIT TO CORRECT THE OWNERSHIP RECORD OF A MOTOR VEHICLE

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM:

The appropriate parties must complete all sections of this form and the following:

- Titled vehicle The seller(s) and correct buyer(s) must also complete the transfer and application on a motor vehicle application (PS2000).
- Non-titled vehicle A motor vehicle application (PS2000) must be completed and signed by the correct buyer.

ote: To qualify for a refund, cancellation of a vehicle sale must be submitted within 90 days of the initial sale date.								
VEHICLE DESCRIPTION MUST BE COMPLETED IN ALL CASES								
VEHICLE IDENTIFICATION NUMBER				Year	Make		Model	
1 2 3 4 5 6	15 16 17	Title Number			Plate Number			
B INCORRECT BUYER(S) MUST COMPLETE THIS SECTION								
Incorrect Buyer's Name/Names (last, first, and middle)				Date(s) of Birth		e(s) of Birth		
Signature(s) [INCORRECT BUYER(S) MUST SIGN] X				On (p			rovide date)	
LIEN RELEASE FOR INCORRECT BUYER(S) - Must be Notarized								
				Subscribed and sworn to before me The secured Party named no				
			this day of 20			longer claims a security		
City State Zip Code			-				interest in the vehicle above.	
			Notary Public					
Signature and Title of Authorized Agent				County			Date of Release	
x -				My Commission Expires				
Note: If a lien is noted on the certificate of title, a lien release is required for the incorrect buyer (The correct buyer must complete the lien information in								
Section C below).								
CORRECT BUYER(S) MUST COMPLETE THIS SECTION								
Buyer's Name/Names (last, first, and middle) Date(s) of Birth								
Street Address			City	City.		State	Zip Code	
Street Address			City	ысу		State	Zip Code	
IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? YES NO IF YES, COMPLETE SECTION BELOW:								
First Secured Party (Print Name)			Date of Lo	Date of Loan FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM #PS2017				
Street Address			City		State		Zip Code	
ODOMETER DISCLOSURE STATEMENT. I/WE CERTIFY THAT THE ODOMETER DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF								
NOW READS (NO TENTHS) MILES				MY KNOWLEDGE THIS VEHICLE				
AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE IS: HAS HAS NOT (CHECK ONE)								
ACTUAL MILEAGE IN EXCESS OF ODOMETER'S NOT ACTUAL MILEAGE SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.								
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.								
I/WE DID PURCHASE THE ABOVE DESCRIBED VEHICLE SUBJECT TO LIENS SHOW, AND NO OTHERS:								
Signature(s) [CORRECT BUYER(S) MUST SIGN] Date of Purchase								
x x								
SELLER(S) MUST COMPLETE THIS SECTION								
I/WE CERTIFY THAT ALL INFORMATION ABOVE IS CORRECT:								
Seller's Full Name			Listed Dealer's Full Name					
Seller's Signature			Listed	Listed Dealer's Signature				
X				x				