

## Registration Renewals

If you do not have your renewal notice, please fill out the following. Include **Plate # or Reg #, year, make, your name & address** (you must be the owner), **Driver License # & SIGN THE NOTE**. If this is a motor vehicle, we also need **Insurance** (Company name, policy# & expiration date). For any commercial vehicle, please include the DOT#

If you do not know the correct amount, Email: [brainerd@licensemn.com](mailto:brainerd@licensemn.com) with your plate # or Reg # for a quote. If you do not know the amount & if comfortable with this option, include this with a signed, blank check payable to: Brainerd License Office - in a sealed envelope. Also write your phone # & DL # on your check. **We will mail your tabs to you the following work day.** (verify your address)

For *Credit or Debit Card Payment* write **Card #, Exp date & cvv#** on your request. (you must use your card). A 2.49% handling is also charged by the bank. We will destroy your card information once completed. Money orders are also acceptable.

Mail to: **Brainerd License Office 623 NW 4<sup>th</sup> St Brainerd, MN 56401** or place in our **DROPBOX** (by front door)

### MOTOR VEHICLE or DNR TAB RENEWAL REQUEST

PLATE, REG or VIN # \_\_\_\_\_ YEAR & MAKE \_\_\_\_\_  
NAME \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### INSURANCE INFORMATION (only for Motor Vehicles)

COMPANY \_\_\_\_\_ POLICY \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

**SIGNATURE X** \_\_\_\_\_

*I ATTEST I AM AN OWNER OF THIS VEHICLE AND AM REQUESTING TO PURCHASE REGISTRATION*  
FOR FOR QUESTIONS EMAIL: [BRAINERD@LICENSEMN.COM](mailto:BRAINERD@LICENSEMN.COM) Make checks payable to: **BRAINERD LICENSE OFFICE**

**Pay by credit or debit card (fill out completely) Card #** \_\_\_\_\_

**Exp Date** \_\_\_\_\_ **CVV #** \_\_\_\_\_

Card must be **in your name**. There is an additional **2.49%** service fee for using credit or debit cards

***For faster service please include a self addressed stamped envelope.***

TENNESSEN WARNING (Minn. Statute 13.04, subd.2)

When an individual is asked to supply private or confidential data about himself/herself, the Minnesota Government Data Practices Act requires the individual be informed of: • Purpose for collecting the data • Intended use of the data • Whether the individual possessing the data may refuse or is legally required to supply the requested information • Any known consequences arising from supplying the data • Any known consequences arising from refusing to supply the data • The identity of other persons or entities authorized by state or federal law to receive the data