

STATE OF MINNESOTA CERTIFICATE OF TITLE FOR A MOTOR VEHICLE

Important Note: Please write the required information below as carefully and clearly as possible. Any alterations to handwritten information (including cross outs and write-overs) will require a separate form signed by all Sellers and Buyers before we can accept the title for a transfer.



Write Insurance Info: Here:

Insurance Company Name

Policy Number

Expiration Date

ASSIGNMENT BY SELLER (TRANSFEROR)

FEDERAL AND STATE LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. MINNESOTA LAW REQUIRES THAT YOU MAKE A DISCLOSURE ABOUT DAMAGE TO THE VEHICLE. A FALSE OR FRAUDULENT STATEMENT OF PURCHASE BY ANY PERSON IS A GROSS MISDEMEANOR OR FELONY.

ODOMETER DISCLOSURE STATEMENT. I (WE) CERTIFY THAT THE ODOMETER NOW READS _____ (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE: IS ACTUAL MILEAGE EXCEEDS MECHANICAL LIMITS OF ODOMETER IS NOT ACTUAL MILEAGE - WARNING ODOMETER DISCREPANCY

DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE, THIS VEHICLE: HAS HAS NOT (CHECK ONLY), SUSTAINED DAMAGE IN EXCESS OF 80 PERCENT ACTUAL CASH VALUE.

ASSIGNMENT: I (WE) CERTIFY THAT THIS VEHICLE IS FREE FROM ALL SECURITY INTERESTS, WARRANTY TITLE, AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO:

SELLER'S PRINTED NAME(S) _____ DATE OF SALE _____

All "Buyers" must complete this section
BUYER'S PRINTED NAME(S) _____

All "Buyers" must sign on this line

SELLER'S ADDRESS _____ DEALER'S LICENSE # _____
SELLER'S SIGNATURE(S) _____

All "Sellers" listed on the title must sign here

APPLICATION FOR TITLE BY BUYER (TRANSFEEE) MUST BE SUBMITTED WITHIN 10 DAYS (Please Print)

BUYER'S NAME (LAST)	(FIRST)	(MIDDLE)	DATE(S) OF BIRTH	BUYER'S DRIVER'S LICENSE NUMBER(S)
ADD'L BUYER'S NAME(S)	(LAST)	(FIRST)	(MIDDLE)	BUYER'S DRIVER'S LICENSE NUMBER(S)
STREET ADDRESS		CITY	COUNTY/CODE	STATE
				ZIP CODE

All "Buyers" need to complete this section

IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? NO YES (IF YES, COMPLETE SECTION BELOW)

FIRST SECURED PARTY'S NAME (PRINT NAME) _____ DATE OF SECURITY AGREEMENT _____ FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM PS2017

BUYER'S ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

I (WE) CERTIFY I (WE) AM (ARE) OF LEGAL AGE, HAVE PURCHASED THIS VEHICLE SUBJECT TO LIENS SHOWN AND NO OTHERS. I (WE) ATTEST BY THIS TRANSACTION THAT THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED

All "Buyers" need to sign on this line

MINNESOTA COUNTY OR OTHER STATE _____ WHERE VEHICLE IS KEPT _____

APPLICANT'S/BUYER'S SIGNATURE(S) All must sign
IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED ON THIS APPLICATION IS REQUIRED BY LAW AND IS USED TO IDENTIFY THE MOTOR VEHICLE. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DENIAL OF THE 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. YOU MAY EXPRESSLY CONSENT TO THE DISCLOSURE OF YOUR INFORMATION BY WRITING TO THE FOLLOWING ADDRESS:

CONTROL NUMBER



00020114230

KEEP IN A SAFE PLACE ANY ALTERATION OR ERASURE VOIDS THIS TITLE

SELLER'S NOTICE OF SALE

When you sell this vehicle, you are responsible to file the information on the back side of this notice with the Department of Public Safety **within 10 days**. Please file this information over the internet at dvs.dps.mn.gov, call 651-284-1234, or complete all the information on this notice and mail to the address below. This notice is not required if sold to a Minnesota licensed dealer.

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



PS2700-21

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SALES TAX DECLARATION AND FEES

FULL PURCHASE PRICE LESS TRADE-IN ALLOWANCE NET PURCHASE PRICE % OF NET PURCHASE PRICE LESS TAX PAID TO ANOTHER STATE NET SALES TAX DUE

List Purchase Price

Table with columns for tax type (REGISTRATION TAX, PLATE FEE, ARREARS TAX, PSV FEE, TRANSFER TAX, TITLE/TRANSFER FEE, SALES TAX, LATE TRANSFER PENALTY, SUBTOTAL, STATE/DEPUTY FILING FEE, TOTAL DUE) and amount (\$).

TRADE-IN WAS A: MODEL YEAR MAKE PLATE OR VEHICLE IDENTIFICATION NUMBER

I DECLARE THIS TAX EXEMPTION CODE: Minnesota Dealer's License Number, Minnesota Sales Tax Account Number, Internal Revenue Code Number (IRC), IRP Acct Number, If Leased, Lessee MCDP Number

AUTO INSURANCE COMPANY: POLICY NO.: EXP. DATE:

REASSIGNMENT BY LICENSED DEALER ONLY. ODOMETER DISCLOSURE STATEMENT. DAMAGE DISCLOSURE STATEMENT. This section is to be completed by Licensed Motor Vehicle Dealers only. If your transfer does not involve a Motor Vehicle Dealer, please leave this section empty.

IMPORTANT - PLEASE READ: ALL INFORMATION COLLECTED THIS APPLICATION IS REQUIRED BY LAW AND IS USED TO IDENTIFY THE MOTOR VEHICLE. FAILURE TO PROVIDE REQUIRED INFORMATION MAY RESULT IN DENIAL OF THE REQUESTED ACTION.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES DIVISION 445 MINNESOTA STREET, ST. PAUL, MINNESOTA 55101-5187 PHONE 651-297-2126 TTY 651-282-6555 dvs.dps.mn.gov

SELLER'S NOTICE OF SALE. FOR YOUR PROTECTION. UPON THE SALE OF A VEHICLE TO A PRIVATE PARTY, IT IS RECOMMENDED THAT THE SELLER AND BUYER TAKE THE COMPLETED TRANSFER TO A DEPUTY REGISTRAR. Date of Sale, Minnesota Purchaser's Driver License Number, Purchaser's Full Name, Date of Birth, Street Address, City, County, State, Zip Code.