

**APPLICATION FOR DUPLICATE TITLE, REGISTRATION, CAB OR LIEN CARD**  
**MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES DIVISION**  
 445 Minnesota Street, Suite 160, St. Paul, MN 55101-5160



**NOTICE**

PLEASE READ INSTRUCTIONS BEFORE COMPLETING  
 Duplicate plates and stickers **ARE NOT** required when applying for duplicate title

**A**  
SEC

FOR OFFICIAL USE ONLY

TITLE NUMBER OF MISSING DOCUMENT				VEHICLE IDENTIFICATION NUMBER																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
PLATE NUMBER	PLATE YR.	MAKE	MOD. YR.																	
PRINT APPLICANT'S FIRST OWNER		LAST, FIRST, AND MIDDLE										DRIVER'S LICENSE NO.		DATE OF BIRTH						
FULL NAME ADDITIONAL OWNER'S		LAST, FIRST, AND MIDDLE										DRIVER'S LICENSE NO.		DATE OF BIRTH						
PRINT ADDRESS OF FIRST OWNER (PERMANENT ADDRESS)		STREET						CITY				COUNTY		STATE	ZIP					

<b>B</b> SEC	THIS APPLICATION IS FOR A DUPLICATE: <input checked="" type="checkbox"/> REG. CARD <input type="checkbox"/> CAB CARD <input type="checkbox"/> LIEN CARD <input type="checkbox"/> TITLE <input type="checkbox"/>						<b>FEES DUE</b>	
	MUST BE ANSWERED <input checked="" type="checkbox"/> BOX: THE DOCUMENT MUST BE REPLACED BECAUSE IT WAS:							
	STOLEN → <input type="checkbox"/>		MUTILATED → <input type="checkbox"/>		→ ATTACH MUTILATED DOCUMENT		DUPLICATE \$ €	
	DESTROYED → <input type="checkbox"/>		ILLEGIBLE → <input type="checkbox"/>		→ ATTACH ILLEGIBLE DOCUMENT		SERVICE	
LOST → <input type="checkbox"/>		NOT RECEIVED → <input type="checkbox"/>		→ REMINDER: YOUR LENDING INSITUTE OR THE POSTAL SERVICE MAY HAVE THE MISSING DOCUMENT.		\$ €		
GIVEN TO BUYER (SELLER IS FILING AFFIDAVIT OF SALE) → <input type="checkbox"/>						TOTAL		

If document must be sent to a temporary address, print that address here. **A SELF-ADDRESSED, STAMPED ENVELOPE IS REQUIRED.**

STREET	CITY	STATE	ZIP CODE
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I (we) have been duly sworn, do certify all of my (our) declarations are true and correct. I (we) am (are) the owner(s) or secured party of this vehicle and the original document has not been assigned and/or surrendered to anyone

APPLICANT IS THE OWNER(S)

SECURED PARTY

X \_\_\_\_\_ DATE \_\_\_\_\_  
 Applicant(s) signature(s) (If owner, all owners sign)

X \_\_\_\_\_ DATE \_\_\_\_\_  
 Applicant(s) signature(s) (If owner, all owners sign)

<b>LIEN RELEASE</b>			<b>- NOTICE -</b> Secured party's signature must be notarized to release a lien.		Subscribed and sworn to before me				
SECURED PARTY'S NAME					this _____		Day of _____ 20__		
STREET ADDRESS		MINNESOTA TAX ID NO.		The secured party named no longer claims a security interest in the vehicle described above.		NOTARY PUBLIC			
CITY		STATE	ZIP CODE			COUNTY			
SIGNATURE AND TITLE OF AUHTORIZED AGENT						MY COMMISSION EXPIRES _____			

**INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING**

- Complete the application on this side only. PLEASE PRINT OR TYPE.
- To determine the fees due or to obtain assistance in completing this application, contact a DEPUTY REGISTRAR OR THE DEPARTMENT OF PUBLIC SAFETY, DRIVER AND VEHICLE SERVICES DIVISION. (651) 297-2126 TTY: (651) 282-6555
- If applying by mail or at the central office (445 Minnesota Street) make remittance payable to: THE DRIVER AND VEHICLE SERVICES DIVISION.

**IMPORTANT NOTICE: PLEASE READ**

- A duplicate certificate of title will be issued only to the owner or legal representative of the owner named on the original certificate (proof of attorney is required).
- If the original certificate of title is recovered, it must be returned to the Department of Public Safety, Driver and Vehicle Services Division.
- 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.