

STATE OF MINNESOTA

Certificate of Title for a Motor Vehicle

VEHICLE IDENTIFICATION NUMBER

YEAR

MAKE

MODEL/BODY

TITLE NUMBER

TOYT

SD COA

DATE ISSUED

ODOMETER

TAX BASE

CODE

PLATE NUMBER

11/12/19

OWNER

PRINT

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

☐ IS ACTUAL MILEAGE☐ EXCEEDS MECHANICAL LIMITS OF ODOMETER☐ IS NOT ACTUAL MILEAGE - WARNING ODOMETER DISCREPANCY

READS (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE:

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

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

Print Here

SELLER'S PRINTED NAME(S)

DATE OF SALE

BUYER'S PRINTED NAME(S)

SELLER'S ADDRESS

DEALER'S LICENSE #

BUYER'S ADDRESS

Sign Here

SELLER'S SIGNATURE(S)

BUYER'S SIGNATURE(S)

APPLICATION FOR TITLE BY BUYER (TRANSFeree). 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)

DATE(S) OF BIRTH

BUYER'S DRIVER'S LICENSE NUMBER(S)

STREET ADDRESS

COUNTY/CODE

STATE

ZIP CODE

IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT? ☐ 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

STREET 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 WHILE OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS. ALL OF MY (OUR) DECLARATIONS ARE TRUE AND CORRECT.

XMINNESOTA 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:

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



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