



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

445 Minnesota Street Saint Paul, MN 55101-5160

Phone: (651) 297-2126 TTY: (651) 282-6555 Web: dvs.dps.mn.gov

APPLICATION FOR DUPLICATE PLATES AND/OR STICKERS

PLEASE READ INSTRUCTIONS BELOW BEFORE COMPLETING
A Duplicate Title is **NOT** required when applying for duplicate plates or stickers

New Plate Number Issued	YEAR
New Year Validation Sticker No. Issued	YEAR
New Weight Sticker No. Issued	

CENTRAL OFFICE USE ONLY
CURRENT PLATE NUMBER

VEHICLE IDENTIFICATION NUMBER

CURRENT
EXPIRATION DATE
MO YR

MODEL YEAR	MAKE	TYPE		
------------	------	------	--	--

PRINT NAME OF OWNER(S) ▶	LAST, FIRST AND MIDDLE		DRIVER'S LICENSE NUMBER	
PRINT ADDRESS OF FIRST OWNER (PERMANENT ADDRESS) ▶	STREET	CITY	COUNTY	STATE ZIP

THIS APPLICATION IS FOR DUPLICATE (Please check all that apply): ☐ PLATES ☐ YEAR STICKER ☐ WEIGHT STICKERS

THE REGISTRATION PLATES, YEAR STICKERS AND/OR MONTH STICKERS FOR THIS VEHICLE MUST BE REPLACED BECAUSE THEY WERE (check all that apply):

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> STOLEN | <input type="checkbox"/> LOST | <input type="checkbox"/> DEFECTIVE |
| <input type="checkbox"/> DESTROYED | <input type="checkbox"/> SURRENDERED | <input type="checkbox"/> NEVER RECEIVED |
| <input type="checkbox"/> ISSUED IN ERROR | | |

I AM REPLACING THE
STICKERS FOR THE

MONTH OF:

YEAR OF:

FEES DUE

	\$	¢
DUPLICATE		
FILING		
TOTAL	\$	¢

MUST BE ANSWERED WHEN APPLYING FOR DUPLICATE PLATES

NAME OF INSURANCE COMPANY:

POLICY NUMBER:

I (WE), HAVING BEEN DULY SWORN, DO CERTIFY ALL OF MY (OUR) DECLARATION ARE TRUE AND CORRECT AND THIS VEHICLE IS AND WILL CONTINUE TO BE INSURED WHILE BEING OPERATED UPON THE PUBLIC STREETS AND HIGHWAYS.

X _____ DATE _____
OWNER'S SIGNATURE

IF PLATES AND/OR STICKERS MUST BE SENT TO A TEMPORARY ADDRESS, PRINT ADDRESS HERE:

STREET	CITY	STATE	ZIP
--------	------	-------	-----

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING

1. Complete this application on this side only. PLEASE PRINT OR TYPE.

2. Attach this vehicle's current registration card.

I cannot attach the current registration card because it was: ☐ LOST ☐ DESTROYED ☐ NEVER RECEIVED

- ☐ I am currently driving outside the state of Minnesota and must retain the registration card for proof of registration.

3. "Never Received" applies **ONLY** to plates and/or stickers mailed by the Driver and Vehicle Services Division.

Answer: In an attempt to find my plates and/or stickers I have contacted the Postal Service: ☐ Yes ☐ No

If yes, when did you contact the Postal Service? _____ 20 _____

4. "Surrendered" applies **ONLY** to plates and/or stickers which were surrendered due to lack of insurance coverage.

5. 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
MAKE REMITTANCE PAYABLE TO: THE DRIVER AND VEHICLE SERVICES DIVISION

IMPORTANT NOTICE: PLEASE READ

The month and/or year stickers you are replacing **MUST** match the stickers originally on this vehicle. This application for duplicate plates and/or stickers must be completed by the person(s) in whose name(s) this vehicle is now registered, and the registration card and any remaining plates and/or stickers must be surrendered to the registrar for cancellation.

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.

PRORATE CUSTOMERS ONLY: Prorate Cab Card Must be Surrendered
UNIT #: _____
ACCOUNT #: _____