



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES

445 Minnesota Street Saint Paul, MN 55101-5187

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

**APPLICATION FOR DUPLICATE TITLE, REGISTRATION, CAB OR LIEN CARD**

PLEASE READ THE INSTRUCTIONS AT THE BOTTOM OF THIS PAGE BEFORE COMPLETING  
Duplicate plates and stickers ARE NOT required when applying for duplicate title

FOR OFFICE USE ONLY

TITLE NUMBER OF MISSING DOCUMENT	MN PLATE NUMBER	MAKE	MODEL YEAR		
VEHICLE IDENTIFICATION NUMBER					
PRINT FIRST OWNER		LAST, FIRST, MIDDLE NAME		DRIVER'S LICENSE NUMBER	
PRINT FULL NAME		LAST, FIRST, MIDDLE NAME		DRIVER'S LICENSE NUMBER	
PRINT ADDRESS OF FIRST OWNER (PERMANENT ADDRESS)		STREET ADDRESS		CITY	COUNTY
				STATE	ZIP CODE

FOR CENTRAL OFFICE USE ONLY

**THIS APPLICATION IS FOR A DUPLICATE (Please check one):** ☐ Title ☐ Reg. Card ☐ Cab Card ☐ Lien Card

Check the box that indicates why the document must be replaced:

- ☐ STOLEN ☐ MUTILATED – Attach the mutilated document  
☐ DESTROYED ☐ ILLEGIBLE – Attach the illegible document  
☐ LOST ☐ NOT RECEIVED (Your lending institution or the postal service may have the missing document)  
☐ GIVEN TO BUYER (SELLER IS FILING AFFIDAVIT OF SALE)

**FEES DUE**

DUPLICATE

FILING

TOTAL

**Temporary Address:**

Attach a **SELF-ADDRESSED, STAMPED ENVELOPE** if the document must be sent to a temporary address, and print that address here:

STREET ADDRESS	CITY	STATE	ZIP CODE
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**Please Check One:** ☐ Applicant is the Owner (if jointly owned, only one owner's signature is required) ☐ Applicant is Secure Party

I certify that all of my declarations are true and correct. I am the owner or secured party of this vehicle and the original document has not been assigned and/or surrendered to anyone.

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **Date** \_\_\_\_\_  
**APPLICANT(S) SIGNATURE(S)** **APPLICANT(S) SIGNATURE(S)**

**Title of Agent if Applicant is Secured Party:**

**LIEN RELEASE – Print name and address of lien holder**

SECURED PARTY'S NAME

STREET ADDRESS MINNESOTA TAX ID NO.

CITY STATE ZIP CODE

**SIGNATURE AND TITLE OF AUTHORIZED AGENT**

**X**

**- NOTICE -**  
**Secured party's signature must be notarized to release a lien.**

The secured party named no longer claims a security interest in the vehicle described above.

Date of Release: \_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_\_

Day of \_\_\_\_\_ 20 \_\_\_\_\_

NOTARY PUBLIC

COUNTY

MY COMMISSION EXPIRES \_\_\_\_\_

**INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING**

- Duplicate plates and stickers **ARE NOT** required when applying for a duplicate title, registration/cab card or lien card. You only need to complete this side of the form.
- Fees: Please contact DVS or your local deputy registration to determine fees or for assistance in completing this form. If you are applying by mail, make remittance payable to: Driver and Vehicle Services.

**IMPORTANT NOTICE: PLEASE READ**

DVS will issue a duplicate certificate of title only to the owner or legal representative (power of attorney is required) of the owner named on the original certificate. If the original certificate of title is recovered, it must be returned to DVS.

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.