



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

CENTRAL OFFICE USE ONLY

Form with fields: New Plate Number Issued YEAR, New Year Validation Sticker No. Issued YEAR, New Weight Sticker No. Issued, CENTRAL OFFICE USE ONLY

VEHICLE IDENTIFICATION NUMBER

Grid for VEHICLE IDENTIFICATION NUMBER

CURRENT EXPIRATION DATE

MONTH YEAR

CURRENT PLATE NUMBER (if known)

MODEL YEAR

MAKE

TYPE

PRINT NAME OF OWNER(S)

LAST, FIRST AND MIDDLE NAME

DRIVER'S LICENSE NUMBER

PRINT ADDRESS OF FIRST OWNER (PERMANENT ADDRESS)

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

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

The registration plates, year stickers and/or month stickers for this vehicle must be replaced because they were (check all that apply):

- [] STOLEN [] LOST [] DEFECTIVE
[] DESTROYED [] SURRENDERED [] NEVER RECEIVED
[] ISSUED IN ERROR

I am replacing the stickers for the MONTH of: YEAR of:

FEES DUE

DUPLICATE

FILING

TOTAL

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

OWNER'S SIGNATURE

DATE

If plates and/or stickers must be sent to a temporary address, print address here:

STREET ADDRESS

CITY

STATE

ZIP CODE

INSTRUCTIONS: Please Read Carefully Before Completing Form

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.

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

PRORATE CUSTOMERS ONLY:

Prorate Cab Card Must be Surrendered

UNIT #: _____

ACCOUNT #: _____

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.