



**MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA ST. SUITE 165 ST. PAUL, MN 55101-5165
Phone: (651) 297-2126 TTY: (651) 282-6555 Website: dvs.dps.mn.gov**

AFFIDAVIT TO CORRECT THE OWNERSHIP RECORD OF A MOTOR VEHICLE

PLEASE READ INSTRUCTIONS BELOW BEFORE COMPLETING FORM

The appropriate parties must complete all sections of this form and the following:

- **Titled vehicle** – The seller(s) and correct buyer(s) must also complete the transfer and application on the certificate of title.
- **Non-titled vehicle** – A motor vehicle application (PS2000) must be completed and signed by the correct buyer.

Note: To qualify for a refund, cancellation of a vehicle sale must be submitted within 90 days of the initial sale date.

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| A VEHICLE DESCRIPTION MUST BE COMPLETED IN ALL CASES: | | | | | | | | | | | | | | | | | | | |
| VEHICLE IDENTIFICATION NUMBER | | | | | | | | | | | | | | Year | Make | Model | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | | |
| | | | | | | | | | | | | | | Title Number | Plate Number | | | | |

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|--|---------------------|--|
| B INCORRECT BUYER(S) MUST COMPLETE: | | |
| Incorrect Buyer's Name/Names (last, first, and middle) | | Date(s) of Birth |
| Signature(s) [INCORRECT BUYER(S) MUST SIGN] X | | On (provide date) X |
| LIEN RELEASE FOR INCORRECT BUYER(S) - Must be Notarized | | |
| Secured Party's Name | | Subscribed and sworn to before me this ____ day of _____ 20 ____ _____ Notary Public _____ County _____ My Commission Expires |
| City | State Zip Code | |
| Signature and Title of Authorized Agent X | | The secured Party named no longer claims a security interest in the vehicle above. _____ Date of Release |
| Note: If a lien is noted on the certificate of title, a lien release is required for the incorrect buyer (The correct buyer must complete the lien information in section C below). | | |

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|--|--|--|---|
| C CORRECT BUYER(S) MUST COMPLETE: | | | |
| Buyer's Name/Names (last, first, and middle) | | | Date(s) of Birth |
| Street Address | | City | State Zip Code |
| IS THIS VEHICLE SUBJECT TO SECURITY AGREEMENT(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, COMPLETE SECTION BELOW: | | | |
| First Secured Party (Print Name) | | Date of Loan | FOR ADDITIONAL SECURED PARTIES, ATTACH COMPLETED FORM #PS2017 |
| Street Address | | City | State Zip Code |
| ODOMETER DISCLOSURE STATEMENT. I/WE CERTIFY THAT THE ODOMETER NOW READS _____ (NO TENTHS) MILES AND TO THE BEST OF MY KNOWLEDGE THE ODOMETER MILEAGE IS: <input type="checkbox"/> ACTUAL MILEAGE <input type="checkbox"/> IN EXCESS OF ODOMETER'S MECHANICAL LIMITS <input type="checkbox"/> NOT ACTUAL MILEAGE - WARNING ODOMETER DISCREPNCY | | DAMAGE DISCLOSURE STATEMENT. TO THE BEST OF MY KNOWLEDGE THIS VEHICLE <input type="checkbox"/> HAS <input type="checkbox"/> 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. I/WE WARRANT TITLE AND ASSIGN THE REGISTRATION TAX AND VEHICLE TO THE PERSON(S) NAMED ABOVE. | | | |
| <i>I/WE DID PURCHASE THE ABOVE DESCRIBED VEHICLE SUBJECT TO LIENS SHOW, AND NO OTHERS:</i> | | | |
| Signature(s) [CORRECT BUYER(S) MUST SIGN] X | | | Date of Purchase X |

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| D SELLER MUST COMPLETE: | |
| <i>I/WE CERTIFY THAT ALL INFOMRATION ABOVE IS CORRECT.</i> | |
| Seller's Signature X | |