



**MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA ST. SUITE 165 ST. PAUL, MN 55101-5165
Phone: (651) 297-2176 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.

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			

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]														On (provide date)		
X														X		
LIEN RELEASE FOR INCORRECT BUYER(S) - Must be Notarized																
Secured Party's Name							Subscribed and sworn to before me					The secured Party named no longer claims a security interest in the vehicle above.				
City							this ____ day of _____ 20 ____									
State							Notary Public					Date of Release				
Zip Code							County									
Signature and Title of Authorized Agent							My Commission Expires									
X																
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).																

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]														Date of Purchase		
X														X		

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