



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

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

CENTRAL OFFICE USE ONLY

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

VEHICLE IDENTIFICATION NUMBER				CURRENT EXPIRATION DATE	
CURRENT PLATE NUMBER	MODEL YEAR	MAKE	TYPE	MONTH	YEAR

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

THIS APPLICATION IS FOR DUPLICATE (Please check all that apply): <input type="checkbox"/> PLATES <input type="checkbox"/> WEIGHT STICKERS <input type="checkbox"/> YEAR STICKER 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				FEES DUE I am replacing the stickers for the MONTH of: _____ YEAR of: _____ DUPLICATE FILING TOTAL	
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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 ADDRESS	CITY	STATE	ZIP CODE
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INSTRUCTIONS: Please Read Carefully Before Completing Form

- Complete this application on this side only. PLEASE PRINT OR TYPE.
- 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.
- "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 _____
- "Surrendered" applies **ONLY** to plates and/or stickers which were surrendered due to lack of insurance coverage.
- 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.