APPLICATION FOR DUPLICATE PLATES AND/OR STICKERS

MINNESOTA DEPARTMENT OF PUBLIC SAFETY DRIVER AND VEHICLE SERVICES DIVISION
445 Minnesota Street, Suite 160, St. Paul, MN 55101-5160
mndriveinfo.org

NOTICE

PLEASE READ INSTRUCTIONS BELOW BEFORE COMPLETING
A Duplicate Title **IS NOT** required when applying for duplicate plates or stickers.

Central Office Use Only

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

CURRENT PLATE NUMBER	PLATE YEAR	VEHICLE IDENTIFICATION NUMBER																	CURRENT EXPIRATION DATE MO. YR.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	/
MODEL YEAR / MAKE	TYPE																		

PRINT NAME OF OWNER(S) (LAST, FIRST, AND MIDDLE) ▶		DRIVER'S LICENSE NO.

PRINT ADDRESS OF FIRST OWNER (PERMANENT ADDRESS) ▶	STREET	CITY	COUNTY		STATE	ZIP

THIS APPLICATION IS FOR A DUPLICATE: BOX ☑ PLATES ☐ YEAR STICKER ☐ WEIGHT STICKERS ☐

THE REGISTRATION PLATES, YEAR STICKERS, AND/OR MONTH STICKERS FOR THIS VEHICLE MUST BE REPLACED BECAUSE THEY WERE ☑ BOX

STOLEN → ☐ LOST → ☐ DEFECTIVE → ☐
DESTROYED → ☐ SURRENDERED → ☐ NEVER RECEIVED → ☐
ISSUED IN ERROR → ☐

I AM REPLACING THE STICKERS FOR THE
MONTH OF
YEAR OF

FEES DUE

	$	¢
DUPLICATE		
SERVICE		
TOTAL	$	¢

MUST BE ANSWERED WHEN APPLYING FOR DUPLICATE PLATES

NAME OF INSURANCE COMPANY

POLICY NUMBER

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	CITY	COUNTY		STATE	ZIP

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING

1. Complete the 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.**

PRORATE CUSTOMERS ONLY:
Prorate Cab Card Must be Surrendered
Unit # _____
Account # _____

3. "Never Received" applies ONLY to plates and/or stickers mailed by the Driver and Vehicle Services Division.

   Answer: 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 SERVCIES DIVISION

   MAKE REMITTANCE PAYABLE TO: THE DRIVER AND VEHICLE SERVICES DIVISION

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.

If the lost plates and/or stickers are found, the customer is responsible for the proper disposal of these items.

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.