



AFFIDAVIT TO CORRECT THE OWNERSHIP RECORD OF A MOTOR VEHICLE

Minnesota Department of Public Safety, Driver and Vehicle Services Division
445 Minnesota Street, St. Paul, MN 55101-5160
Phone: (651) 297-2126 TTY: (651) 282-6555 Internet: mndriveinfo.org

PLEASE READ INSTRUCTIONS BELOW BEFORE COMPLETING

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	
<i>I/WE DID NOT PURCHASE THE ABOVE DESCRIBED VEHICLE:</i>																
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 described above.		
City										this ____ day of _____ 20 ____						
State			Zip Code							Notary Public						
Signature and Title of Authorized Agent										County						
X																
My Commission Expires																
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.)																

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
<i>I/WE DID PURCHASE THE ABOVE DESCRIBED VEHICLE SUBJECT TO LIENS SHOWN, 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 LISTED ABOVE IS CORRECT.</i>																
Seller's Signature(s)																
X																