

MOTOR VEHICLE or DNR TAB RENEWAL

PLATE, REG or VIN # _____ YEAR & MAKE _____

NAME _____ DRIVERS LICENSE #: _____

ADDRESS: _____ CITY _____ STATE _____

PHONE#: _____ EMAIL: _____

INSURANCE INFORMATION *(only for Motor Vehicles)*

COMPANY _____ POLICY _____ EXP. DATE: _____

SIGNATURE X _____

I ATTEST I AM AN OWNER OF THIS VEHICLE AND AM REQUESTING TO PURCHASE REGISTRATION

*****If this vehicle has not been used, also sign HERE** _____

FOR FOR QUESTIONS EMAIL: BRAINERD@LICENSEMN.COM

Make checks payable to: **BRAINERD LICENSE OFFICE**

Pay by credit or debit card, Card # _____

Exp Date _____ CVV # _____

Card must be in your name. There is an additional 2.49% service fee for using credit or debit cards

For faster service please include a self addressed stamped envelope.

TENNESSEN WARNING (Minn. Statute 13.04, subd.2)

When an individual is asked to supply private or confidential data about himself/herself, the Minnesota Government Data Practices Act requires the individual be informed of: • Purpose for collecting the data • Intended use of the data • Whether the individual possessing the data may refuse or is legally required to supply the requested information • Any known consequences arising from supplying the data • Any known consequences arising from refusing to supply the data • The identity of other persons or entities authorized by state or federal law to receive the data