

MV-008 Revised 02/04	Power of Attorney South Dakota Department of Revenue & Regulation Division of Motor Vehicles 445 E. Capitol Avenue Pierre, SD 57501-3185 605-773-3541			
Application Instructions Only to be used to designate power of attorney to make application for or to assign a Certificate of Title.				
LET IT BE KNOWN That the undersigned:				
of the city of Sioux Falls, South Dakota, does (do) hereby appoint the following true and lawful attorney(s) for the purpose listed below:				
Name of Person(s) Appointed			Street Address / City / State / Zip Code	
ERIN NOSAL			401 East 8 th Street, Ste. 214 / Sioux Falls / SD / 57103	
WILLIAM D. LINSENMEYER			401 East 8 th Street, Ste. 214 / Sioux Falls / SD / 57103	
Attorney Powers The appointed attorney(s) may exercise the following designated powers. (Check all that apply)				
GROUP 1 - TO BE USED ONLY IF MORE THAN ONE PERSON IS NAMED ABOVE.				
<input type="checkbox"/> Jointly (both people named must sign)				
<input checked="" type="checkbox"/> Severally (either person named can sign)				
GROUP 2 - ONE OR MORE SELECTIONS MUST BE MADE.				
<input checked="" type="checkbox"/> To apply for a Certificate of Title for the described vehicle/boat in the name of the undersigned.				
<input type="checkbox"/> To assign all right, title and interest in the described vehicle/boat on behalf of the undersigned.				
Vehicle/Boat Description				
DESCRIBED VEHICLE				
Year	Make	Model	VIN#	Title #
DESCRIBED BOAT				
Year	Make	Type	Hull ID #	Title #
Disclosure, Signature and Notary Public Section				
The undersigned does further authorize said attorney(s) to include in any application for title and/or the assignment, such statements and warranties as to mortgages, liens and encumbrances upon the above described motor vehicle/boat as they, or either of them, may believe to be true in fact. The undersigned does hereby ratify and confirm each and every act which said attorneys or either of them may do pursuant to the power herein granted.				
IN WITNESS WHEREOF the undersigned has executed this instrument on this _____ day of _____, 20_____.				
SIGNATURE		SIGNATURE		
PRINTED NAME		PRINTED NAME		
SWORN TO AND WITNESSED BY ME THIS _____ DAY OF _____ 20_____				
NOTARY PUBLIC SIGNATURE				
MY COMMISSION EXPIRES THE _____ DAY OF _____ 20_____				

State of South Dakota Application for Motor Vehicle Title & Registration

I. This application is for (Check Only One)		Brand (Check if applicable)		County Use Only	Title Co. No.	Reg. Co. No.	SD Title No.
Transfer - New or Out of State <input type="checkbox"/>		X-Junking Certificate <input type="checkbox"/>		RMI	Ton	Reg. Date	SD License No. Pri Sec
Interstate <input type="checkbox"/> Abandoned <input type="checkbox"/>		S-Salvage-Total Loss <input type="checkbox"/>					
Repossession <input type="checkbox"/> Operation by Law <input type="checkbox"/>		B-Rebuilt <input type="checkbox"/>					

III. 1-4 Owner's/Lessor's Name: (Last, First, Middle); Description of type of ownership (and, or, DBA, WROS, Guardianship, lessee, lessor, etc.); Identification number (SD Dr. Lic. or SS No.)

1.	Owner/Lessor & Lessee	Type of Ownership	SD Driver's License No. or Social Security No.
2.	Owner/Lessor & Lessee	Type of Ownership	SD Driver's License No. or Social Security No.
3.	Owner/Lessor & Lessee	Type of Ownership	SD Driver's License No. or Social Security No.
4. PHONE NUMBER:	Owner/Lessor & Lessee	Type of Ownership	SD Driver's License No. or Social Security No.

ADDRESS	401 E 8TH ST, STE 214 -			SIoux FALLS	SD	57103
	Owner/Lessor Address			City	State	Zip Code
	Lessee Address			City	State	Zip Code

IV. Primary VIN or Serial Number:

Make	Model	Body Type	Veh. Code	Year	Weight/CC	Color	Fuel	Previous State/Title Brand
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Secondary VIN or Serial Number: Year: Make:

Odometer (Complete for vehicles 9 years old or newer):

Odometer Indicator (Check one): ☐ Actual Mileage ☐ Exceeds Odometer's Mechanical Limits ☐ Not Actual Mileage

Dealer Price Certification: I hereby certify that the purchase price and trade-in allowance in Item V of the application is correct and that all accessories and added equipment have been reported.

Dealer Name and Number	Signature of Dealer or Dealer's Agent	Dealer Sold Permit
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Vehicle Trade-In

Year	Make	Serial Number	SD Title Number
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V. Motor Vehicle Purchaser's Certificate

1. Purchase Price (See Reverse Side) Bill of Sale Not Available <input type="checkbox"/> Computer NADA'ED <input type="checkbox"/> S	Note: A guide published by the automobile industry will be used to check values.
2. Less Trade-In Allowance..... S	
3. Difference..... S	Purchased From Name
4. Tax 4% of Line 3. Manufactured Homes 4%..... S	
5. Credit for Tax Paid to Another State..... S	Mailing Address
6. Title Fee and Penalty Fee..... S	
7. License Fee..... S	Important: Original title will be mailed to the owner unless otherwise indicated. Check One: <input type="checkbox"/> Mail to Lienholder <input type="checkbox"/> Mail to Owner
8. Solid Waste Fee..... S	
9. County Wheel Tax (if applicable)..... S	1st Lien holder
10. Other Fees..... S	Mailing Address
11. Balance Due..... S	City/State/Zip Code
PENALTY: Any person failing to pay the full amount of excise tax is subject to a Class 1 misdemeanor. <input type="checkbox"/> Tax Exempt (if claiming exemption, list exemption # from Section VI on back of form.) <input type="checkbox"/> Rental Vehicle/SD Sales Tax # <input type="checkbox"/> Title Only (NOTE: If applying for a "Title Only" in signing this application, you are attesting that the vehicle will not be used upon the streets and highways of this state or any state.)	2nd Lien holder
	Mailing Address
	City/State/Zip Code
Note any additional liens in section IX on reverse side	

The applicant, under penalties of law and as rightful owner of the vehicle described on this application, declares that the information set forth on this application is true and correct.

If the vehicle is co-owned, all owners must sign. If the vehicle is company owned, the company name and title of authorized agent signing the application must be noted. **PENALTY:** Any person who intentionally falsifies information on this application is guilty of a Class 6 felony.

Signature	Date
Signature	Date

MV-2003 Revised 04/04	South Dakota Verification of Tax Assessment By Out-of-State Dealer South Dakota Department of Revenue & Regulation Division of Motor Vehicles 445 E. Capitol Avenue Pierre, SD 57501-3185 605-773-3541 Fax 605-773-2550		
Instructions This form is to be filled out by the dealer who sells the motor vehicle. Please mail or fax this form to the above address/fax number. For further questions, please call 605-773-3541.			
Applicant Information			
Name of Applicant			
Name of Dealership			
Street Address			
City, State, Zip Code			
Telephone Number		Fax Number	
Vehicle Description			
Year	Make	Serial/Vin Number	Title Number
Tax Information			
Sale Date		Selling Price	
Type of Tax Assessed (sales, excise, etc...)		Assessed Tax Amount	
Tax Remitted To (state)			
Purchaser Information			
Name of Purchaser			
Street Address		County	
401 E 8TH ST, STE 214 -		MINNEHAHA	
City, State, Zip Code			
SIOUX FALLS, SD 57103			
Dealer Signature			
I hereby certify that the purchaser listed above has been assessed tax on the purchase of the above referenced vehicle and that the tax has been remitted to the state indicated.			
APPLICANT SIGNATURE		DATE	

APPLICANT'S TAX PAYMENT VERIFICATION

This form must accompany South Dakota's application for title to qualify for credit against South Dakota's motor vehicle excise tax for a like or similar tax paid to another state on the purchase of a vehicle. The out-of-state title being surrendered must be in the same name as the applicant. The applicant receives credit for the percentage of tax paid that is equal to or greater than the tax owed to this state.

I, _____, of

401 E 8TH ST, STE 214 - _____, SIOUX FALLS, SD 57103 ,

hereby attest that I have paid (type of tax: sales, excise, etc.) _____

tax in the amount of \$ _____ to the state of _____

on or about (date/year) _____.

This statement is made with the knowledge that it is a Class 5 felony to make a false statement and that in doing so I am subject to the penalty of South Dakota law.

Applicant's Signature

_____, 20_____
Date

MV/2007

AFFIDAVIT CLAIMING LACK OF RESIDENCE POST OFFICE ADDRESS

(AN APPLICANT HOLDING A SOUTH DAKOTA DRIVER'S LICENSE NEED NOT COMPLETE THIS AFFIDAVIT)

I, _____, in conjunction with my South Dakota Application for Title and Registration, do hereby declare and affirm that the following facts are true:

1. I do not have a South Dakota Driver's License; and
2. I do not maintain a "residence post office address"* in South Dakota or any other United States jurisdiction; and
3. Because I do not maintain a "residence post office address"* in South Dakota or any other United States jurisdiction, the address I have provided with my South Dakota Application for Title and Registration is strictly for mail-forwarding purposes.

*For purposes of this affidavit, the term "residence post office address" is defined as the place at which a person actually lives.

Signature of Affiant

Date

Printed Name of Affiant

Notary Public or County Treasurer

STATE OF _____; COUNTY OF _____

Subscribed and Sworn to before me this _____ day

of _____, 20____

Date Commission Expires