

## Inructions

1. Print Out Form.
2. Page 2 - Sign twice at the bottom of the page
3. Page 3 - THIS FORM MUST BE FILLED IN FRONT OF A NOTARY. (Take it to a local notary/bank and fill out the section below I further swear.)
4. Besides these two forms, you'll need to send in the title or MSO and a copy of your driver's license. If the title isn't in your name you will have to call and find out what other forms you need (605)394-2163.
5. Mail Pages 3-5, title/MSO, copy of Drivers license to:

Pennington County Treasurer  
130 Kansas City St Suite 250  
Rapid City, SD 57701

7. When you get your title please donate Here or at [https://cash.me/\\$DanielDanilyuk](https://cash.me/$DanielDanilyuk)  
(It helps pay for the servers)

Office Hours  
8:00 a.m. - 5:00 p.m.  
Monday - Friday  
(excluding holidays)

The fee is: \$58.75 and a \$3 credit card fee if applicable. You should receive your new title within 30 days.

DO NOT MAIL  
THIS PAGE

Date: State of South Dakota Application for Motor Vehicle Title & Registration										
I. This application is for (Check one only)  Transfer - New - Out-of-State <input type="checkbox"/>  Interstate <input type="checkbox"/> Operation by Law <input type="checkbox"/>  Repossession <input type="checkbox"/> Unpaid Repair Bill <input type="checkbox"/>  Abandoned <input type="checkbox"/>			Brand (Check if Applicable)  Manufacturer Buy Back <input type="checkbox"/> Rebuilt <input type="checkbox"/> Junking Certificate <input type="checkbox"/>  Manufacturer Buy Back - Rebuilt <input type="checkbox"/> Salvage Total Loss <input type="checkbox"/>  Manufacturer Buy Back - Salvage <input type="checkbox"/> Recovered Theft <input type="checkbox"/>  Manufacturer Buy Back - Junking Certificate <input type="checkbox"/> Parts Only <input type="checkbox"/>				II. South Dakota Title Number			
							Title County Number			
			III. 1-4 Owner's/Lessors's/Trust's Name (First, Middle, Last), Description of type of Ownership (and, or, DBA, WROS, Guardianship, lessee, lessor, trustee etc.). Identification Number (SD Dr. Lic., SD ID, Soc. Sec. No. Fed Emp. ID. No.), Description of Customer Type (Individual, Company, Dealer, Government, Trust).							
Owner/Lessor/Trust			Type of Ownership		Customer Type		Identification # (SD DL, SD ID, SSN, FEIN)			
Owner/Lessee/Trustee			Type of Ownership		Customer Type		Identification # (SD DL, SD ID, SSN, FEIN)			
Owner/Lessee/Trustee			Type of Ownership		Customer Type		Identification # (SD DL, SD ID, SSN, FEIN)			
Owner/Lessee/Trustee			Type of Ownership		Customer Type		Identification # (SD DL, SD ID, SSN, FEIN)			
ADDRESS See Special Mailing Address in Section VII										
	Owner/Lessor/Trust Mailing Address				City		State		Zip Code	
	Owner/Lessor/Trust Physical Address (Residence Post Office Address)				City		State		Zip Code	
	Lessee/Trustee Mailing Address				City		State		Zip Code	
	Lessee/Trustee Physical Address (Residence Post Office Address)				City		State		Zip Code	
IV. Primary VIN or Serial Number:										
Make		Model	Body Type	Vehicle Code	Year	Weight/CC	Color	Fuel	Previous State/Brand	
Secondary VIN or Serial Number: Year: Make:										
Odometer Reading (Complete for vehicles 9 years old or newer): Units (Check one): Miles <input type="checkbox"/> Kilometers <input type="checkbox"/>										
Odometer Brand (Check one): Actual Mileage <input type="checkbox"/> Exceeds Odometer's Mechanical Limits <input type="checkbox"/> Not Actual Mileage <input type="checkbox"/>										
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			
1st Trade-In			2nd Trade-In							
Year	Make	Serial No.		SD Title No.		Year	Make	Serial No.		SD Title No.
V. Motor Vehicle Purchaser's Certificate (Note: A guide published by the automobile industry will be used to check values)										
1. Tax Exempt Rental Vehicle/SD Sales Tax # _____ (If claiming exemption, list exemption #) _____ Non-Profit Donated Vehicle/Corporation # _____										
2. Title Only (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. Application must be made within 30 days of purchase date.					VI. Important: Electronic Lien & Title - A paper title is not issued until lien(s) released or upon request by lienholder for other approved purpose.					
3. Purchase Date					1st Lienholder:					
4. Purchase Price (see Reverse Side) Bill of Sale Not Available      Computer NADA'ED					Mailing Address:					
5. Less Trade-In Allowance					City/State/Zip Code:					
6. Difference					2nd Lienholder:					
7. Tax 4% of Line 6, Manufactured Homes 4%					Mailing Address:					
8. Tax Penalty & Interest					City/State/Zip Code					
9. Credit for Tax Paid to Another State					To add additional lienholders, see section XI on reverse side					
10. Title Fee					VII. Special Mailing Address: (If other than owner/lessor address)					
11. Late Fee (Application made after 30 days)					Name:					
12. Lien Fee					Address:					
13. Balance Due for Title Application					City/State/Zip Code:					
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.										

**PENALTY: Any person failing to pay the full amount of excise tax is subject to a Class 1 misdemeanor.**

**PENALTY: Any person who intentionally falsifies information on this application is guilty of a Class 6 felony.**

MV-608 (05/12)

Signature

Date

Signature

Date

**FOUR WHEEL, ALL TERRAIN VEHICLE AFFIDAVIT  
( Attach to Title and Registration Application )**

I, the undersigned, do hereby swear that I had installed on the following described four wheel, all terrain vehicle:

Title Number \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Serial Number \_\_\_\_\_

by \_\_\_\_\_  
(name and address of person installing accessories) the following motorcycle accessories, not to be exclusive:

_____ Rearview Mirror	_____ Headlights	_____ 200 cc Engine
_____ Horn	_____ License plate light	_____ Other (list)
_____ Exhaust & Muffler	_____ Parking lights, tail lights, stop lights	_____
		_____

I further swear that the above described vehicle is insured pursuant to SDCL Chapter 32-35, and the accessories meet the motorcycle standards of SDCL Chapters 32-15, 32-17, and 32-18. I also declare and affirm under the penalties of perjury that this affidavit has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary

My Commission expires on the \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

Pursuant to SDCL 32-20-2 to operate the above vehicle you must have a valid driver's license.

To whom it may concern,

I would like to be contacted by phone or by internet when you have the total price, and are ready for payment.

Also I have included the title and a copy of my drivers liscence. If you have any further questions don't hesitate to call or email me.

Name:

Email:

Phone: