

State of South Dakota Motor Vehicle Division 445 East Capitol Avenue Pierre, SD 57501 605-773-3541 dor.sd.gov

SD Title #:	
-------------	--

	Motor Vehicle/	Boat Title & Registr	ation Application ^{Count}	y: Boat #:	
Α	This application is for a (select one): This application is for a (select only one):				
	☐ Motor Vehicle	☐ Title Transfer	☐ New Title	☐ Operation by Lav	
Application Request	☐ Boat	☐ Repossession	Out-of-State Title Transfer	Unpaid Repair Bi	
		☐ Interstate Title	☐ Abando ned Title		
В	Complete the applicable fields:				
Vehicle/Boat Information	VIN/HIN:	Year:	Make: N	Nodel:	
	Secondary VIN:	Ye	ear: Make:		
	Primary Color:	Secondary Color:	Previous State/Bi	rand:	
	Motor Vehicle: Body Type:	Weight/CC:	Fuel Type:	Wheels	
	Brand: (Check if applicable)	nufacturer Buy Back	☐ Manufacturer Buy Back-Reb	uilt Parts Only	
	☐ Manufacturer Buy Back-Salvag	je 🔲 Manufactu	rer Buy Back-Junking Certificate	Junking Certificate	
	☐ Salvage Total Loss ☐ Red	covered Theft			
	Odometer (complete for vehicles 2011 o	or newer):	_ Units (select one):	☐ Kilometers	
	Odometer Brand: (Check one): 🔲 Act	tual Mileage 🔲 Ex	ceeds Mechanical Limits 🔲 N	lot Actual Mileage	
	Boat: Length:fti	n. Hull Material:	Boat Type	:	
	Propulsion Typ	e of Use:			
	Trailer: Length: ft ir	n. Width: ft	in. Wheels:		
C Owner & Address Information	Instructions: In the owner's/lessor's/trust's name section include first, middle, last. In the type of ownership section select from the following: and, or, DBA, Guardianship, lessee, lessor, trustee, transfer on death, etc. In the customer type section select from the following: individual, company, dealer, government, or trust. In the identification number section input the SD driver's license number, or identification number, social security number, or federal employer identification number.				
	1. Owner/Lessor/ Trust:		Type of Ownership:		
	Customer Type:		Identification #:		
	Address:	City:	State:	Zip Code:	
	2. Owner/Lessor/ Trust:		Type of Ownership:		
	Customer Type:		Identification #:		
	Address:	City:	State:	Zip Code:	
	3. Owner/Lessor/ Trust:		Type of Ownership:		
	Customer Type:		Identification #:		
	Address:	City:	State:	7in Code:	

D	Name:	Address:				
Title Mailing Address	City: State:		Zip Code:			
Information	City					
Е	Contact Name:					
Contact	Email Address:		Phone #:			
Information						
F	Note: A guide published by the automobile industr	y will be used to check va	lues.			
Motor	*Select appropriate exemption (if applies):		☐ Rental Vehicle/SD Sales Tax #:			
Vehicle/Boat	☐ Non-profit donated vehicle/corporation #:		■ Title Only: (If applying for a "Title Only" in signing this application you are attesting that the			
Purchase Information	Purchase Date:		boat/vehicle will not be used upon the			
momadon	1. Purchase Price		waterways, streets, or highways of this state or			
	Bill of Sale not available/NADA		any state. Applications must be made within 45 days of the purchase date.			
	2. Less Trade-in Allowance	0				
	3. Difference4. Tax (3% for boat, 4% for vehicles of line 3)	U	PENALTY: Any person failing to pay the full amount of excise tax is			
	5. Tax Penalty & Interest		subject to a Class 1 misdemeanor.			
	6. Credit for Tax Paid to Another State		7 .			
	7. Title Fee + Tech Fee	\$12.00	PENALTY: Any person who			
	8. Late Fee (Application made after 45 days)		intentionally falsifies information on this application is guilty of a Class 6 felony.			
	9. Lien Fee					
	10. Balance bue for Title Application					
	South Dakota Dealer Price Certification: I hereby certify that the purchase price and trade-in allowance on this application is correct and that all accessories and added equipment have been reported.					
	Dealer Name: Dealer Signature:					
	1st Trade-in Information					
	Year: Make:	VIN/HIN:	Title #:			
	2 nd Trade-in Information					
	Year: Make:	VIN/HIN:	Title #:			
G	Electronic Lien & Title (ELT): A paper title is not printed until lien(s) are released or a request by a lienholder is approved					
Lienholder	1 st Lienholder					
Information	Name:	Addr	ess:			
	City: State	:	Zip Code:			
	2 nd Lienholder					
	Name: Address:					
	City: State	:	Zip Code:			
Н	I declare under penalty of perjury under the la	w of South Dakota that th	e foregoing is true and correct.			
Unsworn Declaration	Signed on thisday of,at _					
	Printed Name:	Signature:				
	Printed Name:					
	Printed Name:	Signature:				
	Printed Name:	Signature:				