

Application For Replacement of License Plates, Validation Stickers or Lost Title Document (Lost in Mail)

MV-303
Revised 01/04

South Dakota Department of Revenue & Regulation - Division of Motor Vehicles
445 E. Capitol Avenue | Pierre, SD 57501-3185 | 605-773-3541

FORM INSTRUCTIONS

This form is separated into two sections, license plates/validation stickers and motor vehicle titles. If you are inquiring about the License Plates/Validation Stickers portion, please submit this form to your County Treasurer, for Lost Title Documents, submit to the Division of Motor Vehicles at the above address.

LICENSE PLATES / VALIDATION STICKERS

I, _____ of _____

certify that I am the current registered owner of the following described vehicle; that plates/stickers were issued on _____, which is no longer than ninety (90) days prior to this application; and that the license plates/validation stickers, for which I have previously paid the required fee, have not been delivered to me.

Make

Year

VIN

Vehicle Title Number

Replacing Validation Stickers Number

Replacing License Plates Number

Originally Purchased On

in the County of _____

I hereby request that the county treasurer issue replacement license plates/validation stickers at no additional cost to me. I swear, under penalty of perjury, that I will not use the replacement license plates or validation stickers on any vehicle other than the one identified above. I further swear, should the original set of plates or stickers eventually be delivered to me, that I will not use them, nor allow them to be used, on any vehicle, but will immediately return them to the county treasurer from whom they were purchased.

Signature of Affiant

COUNTY TREASURER USE ONLY

STATE OF SOUTH DAKOTA

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

COUNTY TREASURER SIGNATURE _____ COUNTY # _____

NEW LICENSE PLATE NUMBER: _____ NEW VALIDATION STICKER NUMBER: _____

THE AFFIANT HAS PAID REGISTRATION FEES FOR ALL VEHICLES CURRENTLY OWNED: YES ___ NO ___

LOST TITLE DOCUMENT

I, _____ of _____

hereby certify that I am the current registered owner of the following described vehicle; that application for vehicle title was originally made on _____, at the same address and is no longer than ninety (90) days prior to this application; that the title application fees have been paid; and that such title has not been received by me.

Make

Year

Vehicle Identification Number (VIN)

Title Number

I hereby request that the Division of Motor Vehicles issue a replacement title at no additional cost to me. I affirm that if the original title is eventually received, I will immediately return it to the Division of Motor Vehicles.

Signature of Affiant

Date

DMV USE ONLY

TITLE: _____ DATE ISSUED: _____