

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

DMV-303  
Revised 03/13

South Dakota Department of Revenue - 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**

## 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that I am the current registered owner of the following described vehicle; that application for vehicle title was originally made on \_\_\_\_\_, at the same address and is no longer than ninety (90) days prior to this application; that the title application fees have been paid; and that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: \_\_\_\_\_