



South Dakota Department of Revenue
Motor Vehicle Division
445 E. Capitol Avenue
Pierre, SD 57501

Phone: 605-773-3541 | Email: Dor.dmv@state.sd.us | Fax: 605-773-8416

Lender Request for Paper Title

A

Instructions

To print a paper title with the lien noted on it, complete and submit this form to the email or address listed above.

- This request can only be completed by lenders that do not use a provider. Lenders using a provider need to contact them to submit this request.
Lenders requesting a paper title must be shown on the vehicle's title record.
Lenders that do not use a provider and need to release a lien, click here. Releases should be sent to the customer's County Treasurer's Office.

B

Vehicle & Owner Information

Vehicle Owner(s):

Mailing Name and Address

City

State & ZIP

Title Number grid

Title Number

Vehicle Identification Number (VIN) grid

Vehicle Identification Number (VIN)

C

Reasoning

Reason for requesting a paper title with the lien noted on it:

Moving to Another State—Title required to register in new state of residence

Insurance Claim/Total Loss

Court Order

Name: Change, Addition, or Deletion of an Owner

Other (MUST BE APPROVED BY MVD)

State Reasoning

Paper Titles requested for the following reasons DO NOT QUALIFY AND WILL NOT BE PRINTED:

- Repossession- Lenders must apply for a Repossession title through South Dakota.
Selling Vehicle- A lien release must be submitted when a vehicle is being sold or traded.
Loan paid off- When a loan has been paid, a lien release must be submitted.
Lender does not participate in ELT- Paper titles cannot be printed for lenders that do not use a provider. Liens can be viewed by visiting: https://apps.sd.gov/RV66Renewals/checkvin/NewCheckVIN.aspx

D

Unsworn Declaration

Name of Lender:

I am requesting that a paper title be printed and mailed for the vehicle listed above. I declare under penalty of perjury under the law of South Dakota that the foregoing is true and correct.

Signed on the ___ day of ___, ___, at ___ (city), ___ (state)

Printed Name _____ Signature _____

Email Address _____ Phone Number _____

For Department Use Only

Paper Title Print Request: [] Approved [] Denied Date Reviewed: _____

By: _____ Reason: _____