

PURCHASED WITHIN THE LAST 6 MONTHS

- Assistance fee for each vehicle \$47.93
 - \$45 + tax
- Power of attorney (MV-008)
** must be notarized
- Application for motor vehicle title & registration (MV 608)
 - NO abbreviations will be accepted
 - i.e. Chevy must be Chevrolet
 - i.e. FR must be Forest River
 - Color- Basic, NO fru fru colors, NO abbreviations.
 - White, black, blue
 - NO electric blue, pebble, majestic purple, etc.
 - Model Name, not number
 - i.e. Columbus not 365 FL
 - Plate transfer
 - Provide old plate number
- South Dakota Verification of Tax Assessment by Out of State Dealer (MV-2003) completed by dealer
- NO SD driver's license? MUST provide the following:
 - Current driver's license
 - Social security card or W-2 with number on it
 - Affidavit Claiming Lack of Residence(MV3020) ** must be notarized
- Certificate of Origin (brand new NEVER been titled) OR
- **Original title ONLY, NO copies**
- Lien holder holding the title:
 - Lien holder name
 - Account number
 - Fax number
 - Contact person

- Bill of Sale or Purchase Agreement
- Odometer Disclosure Statement
- RV's/Motorhomes/ALL Trailers must provide proof of the empty weight, unladen vehicle weight (uvw) or curb weight. This can be found on a placard in RV/5thwheel inside a cupboard, drawer, closet etc. IF you CANNOT provide this you MUST have it weighed at a weigh station and send the ticket in as proof. The County will NOT accept the gross vehicle weight, or the weight off the title.

IF ANY OF THE REQUIRED INFORMATION IS MISSING, REGISTRATIONS WILL BE DELAYED AND STATE PENALTIES MAY APPLY.

****ATV'S, UTV'S, BOATS, LEASE'S, CONVERTED VEHICLES: CONTACT ERIN**
MON-FRI from 9-3 CST
605-334-5313
VEHICLES@YOURBESTADDRESS.COM

Please allow up to 5 business days after we have received paperwork before Erin contacts you to finalize your registration.

PURCHASED OVER 6 MONTHS AGO

- Assistance fee for each vehicle \$47.93
 - \$45 + tax
- Power of Attorney (MV-008)
** must be notarized
- Application for Motor Vehicle Title & Registration (MV 608)
 - NO abbreviations will be accepted
 - i.e. Chevy must be Chevrolet
 - i.e. FR must be Forest River
 - Color- Basic, NO fru fru colors, NO abbreviations.
 - White, black, blue
 - NO electric blue, pebble, etc.
 - Model Name, not number
 - i.e. Columbus not 365 FL
 - Plate transfer
 - Provide old plate number
- Applicant's Tax Payment Verification (MV-2007) *you may estimate what you paid*
- NO SD driver's license? Must provide the following:
 - Current driver's license
 - Social security card or W-2 with number on it
 - Affidavit Claiming Lack of Residence
** must be notarized
- **Original title ONLY, NO copies**
- Lien holder holding the title:
 - Lien holder name
 - Account number
 - Fax number
 - Contact person
- RV's/Motorhomes/ALL Trailers must provide proof of the empty weight, unladen vehicle weight (uvw), curb weight. Can be found on the

placard in RV/5th wheel inside a cupboard, drawer, closet etc.

IF you CANNOT provide this, you **MUST** have it weighed at a weigh station and send the ticket in as proof. The County will NOT accept the gross vehicle weight, or the weight off the title.

IF ANY OF THE REQUIRED INFORMATION IS MISSING REGISTRATIONS WILL BE DELAYED AND STATE PENALTIES MAY APPLY

**ATV'S, UTV'S, BOATS, LEASE'S, CONVERTED VEHICLES: CONTACT ERIN

MON-FRI from 9-3 CST

605-334-5313

VEHICLES@YOURBESTADDRESS.COM

Please allow up to 5 business days after we have received paperwork before Erin contacts you to finalize your registration.

MV-008
Revised
02/04

Power of Attorney

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

Application Instructions

Only to be used to designate power of attorney to make application for or to assign a Certificate of Title.

LET IT BE KNOWN

That the undersigned:

of the city of Sioux Falls, South Dakota, does (do) hereby appoint the following true and lawful attorney(s) for the purpose listed below:

Name of Person(s) Appointed	Street Address / City / State / Zip Code
ERIN NOSAL	401 East 8 th Street, Ste. 214 / Sioux Falls / SD / 57103
WILLIAM D. LINSENMEYER	401 East 8 th Street, Ste. 214 / Sioux Falls / SD / 57103

Attorney Powers

The appointed attorney(s) may exercise the following designated powers. (Check all that apply)

GROUP 1 - TO BE USED ONLY IF MORE THAN ONE PERSON IS NAMED ABOVE.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Jointly (both people named must sign) |
| <input checked="" type="checkbox"/> | Severally (either person named can sign) |

GROUP 2 - ONE OR MORE SELECTIONS MUST BE MADE.

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | To apply for a Certificate of Title for the described vehicle/boat in the name of the undersigned. |
| <input type="checkbox"/> | To assign all right, title and interest in the described vehicle/boat on behalf of the undersigned. |

Vehicle/Boat Description

DESCRIBED VEHICLE

Year	Make	Model	VIN#	Title #
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DESCRIBED BOAT

Year	Make	Type	Hull ID #	Title #
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Disclosure, Signature and Notary Public Section

The undersigned does further authorize said attorney(s) to include in any application for title and/or the assignment, such statements and warranties as to mortgages, liens and encumbrances upon the above described motor vehicle/boat as they, or either of them, may believe to be true in fact. The undersigned does hereby ratify and confirm each and every act which said attorneys or either of them may do pursuant to the power herein granted.

IN WITNESS WHEREOF the undersigned has executed this instrument on this _____ day of _____, 20_____.

SIGNATURE

SIGNATURE

PRINTED NAME

PRINTED NAME

SWORN TO AND WITNESSED BY ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES THE _____ DAY OF _____ 20_____

State of South Dakota Application for Motor Vehicle Title & Registration

I. This application is for (Check Only One)		Brand (Check if applicable)		County Use Only	Title Co. No.	Reg. Co. No.	SD Title No.
Transfer - New or Out of State <input type="checkbox"/>		X-Junking Certificate <input type="checkbox"/>		RMI	Ton	Reg. Date	SD License No. Pri. Sec
Interstate <input type="checkbox"/> Abandoned <input type="checkbox"/>		S-Salvage-Total Loss <input type="checkbox"/>					
Repossession <input type="checkbox"/> Operation by Law <input type="checkbox"/>		B-Rebuilt <input type="checkbox"/>					

III. 1-4 Owner's/Lessor's Name: (Last, First, Middle); Description of type of ownership (ind, or, DBA, WROS, Guardianship, lessee, lessor, etc.); Identification number (SD Dr. Lic. or SS No.)

1.	Owner/Lessor & Lessee	Type of Ownership	SD Driver's License No. or Social Security No.
2.	Owner/Lessor & Lessee	Type of Ownership	SD Driver's License No. or Social Security No.
3.	Owner/Lessor & Lessee	Type of Ownership	SD Driver's License No. or Social Security No.
4. PHONE NUMBER:			
	Owner/Lessor & Lessee	Type of Ownership	SD Driver's License No. or Social Security No.

ADDRESS	401 E 8TH ST, STE 214 -	SIOUX FALLS	SD	57103
	Owner/Lessor Address	City	State	Zip Code
	Lessor Address	City	State	Zip Code

IV. Primary VIN or Serial Number:

Make	Model	Body Type	Veh. Code	Year	Weight/CC	Color	Fuel	Previous State/Title Brand
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Secondary VIN or Serial Number: Year: _____ Make: _____

Odometer (Complete for vehicles 9 years old or newer):

Odometer Indicator (Check one): Actual Mileage Exceeds Odometer's Mechanical Limits Not Actual Mileage

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 _____

Vehicle Trade-In

Year	Make	Serial Number	SD Title Number
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V. Motor Vehicle Purchaser's Certificate	SD PLATE TRANSFER NUMBER:	
1. Purchase Price (See Reverse Side) Bill of Sale Not Available <input type="checkbox"/> Computer NADA/ED <input type="checkbox"/> \$	Note: A guide published by the automobile industry will be used to check values.	
2. Less Trade-In Allowance..... \$	Purchased From	
3. Difference..... \$	Name	
4. Tax 4% of Line 3. Manufactured Homes 4%..... \$	Mailing Address	
5. Credit for Tax Paid to Another State..... \$	Important: Original title will be mailed to the owner unless otherwise indicated.	
6. Title Fee and Penalty Fee..... \$	Check One: <input type="checkbox"/> Mail to Lienholder <input type="checkbox"/> Mail to Owner	
7. License Fee..... \$	1st Lien holder	
8. Solid Waste Fee..... \$	Mailing Address	
9. County Wheel Tax (if applicable)..... \$	City/State/Zip Code	
10. Other Fees..... \$	2nd Lien holder	
11. Balance Due..... \$	Mailing Address	
PENALTY: Any person failing to pay the full amount of excise tax is subject to a Class 1 misdemeanor.	City/State/Zip Code	
<input type="checkbox"/> Tax Exempt (if claiming exemption, list exemption # from Section VI on back of form.)	Note any additional liens in section IX on reverse side	
<input type="checkbox"/> Rental Vehicle/SD Sales Tax #		
<input type="checkbox"/> Title Only (NOTE: 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.)		

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.

If the vehicle is co-owned, all owners must sign. If the vehicle is company owned, the company name and title of authorized agent signing the application must be noted. **PENALTY:** Any person who intentionally falsifies information on this application is guilty of a Class 6 felony.

Signature	Date
Signature	Date

MV-2003
Revised
04/04

South Dakota Verification of Tax Assessment By Out-of-State Dealer

South Dakota Department of Revenue & Regulation
Division of Motor Vehicles
445 E. Capitol Avenue | Pierre, SD 57501-3185 | 605-773-3541 | Fax 605-773-2550

Instructions

This form is to be filled out by the dealer who sells the motor vehicle. Please mail or fax this form to the above address/fax number. For further questions, please call 605-773-3541.

Applicant Information

Name of Applicant

Name of Dealership

Street Address

City, State, Zip Code

Telephone Number

Fax Number

Vehicle Description

Year

Make

Serial/Vin Number

Title Number

Tax Information

Sale Date

Selling Price

Type of Tax Assessed (sales, excise, etc...)

Assessed Tax Amount

Tax Remitted To (state)

Purchaser Information

Name of Purchaser

Street Address

401 E 8TH ST, STE 214 -

County

MINNEHAHA

City, State, Zip Code

SIoux FALLS, SD 57103

Dealer Signature

I hereby certify that the purchaser listed above has been assessed tax on the purchase of the above referenced vehicle and that the tax has been remitted to the state indicated.

APPLICANT SIGNATURE

DATE

APPLICANT'S TAX PAYMENT VERIFICATION

This form must accompany South Dakota's application for title to qualify for credit against South Dakota's motor vehicle excise tax for a like or similar tax paid to another state on the purchase of a vehicle. The out-of-state title being surrendered must be in the same name as the applicant. The applicant receives credit for the percentage of tax paid that is equal to or greater than the tax owed to this state.

I, _____, of
401 E 8TH ST, STE 214 - _____, SIOUX FALLS, SD 57103

hereby attest that I have paid (type of tax: sales, excise, etc.) _____
tax in the amount of \$ _____ to the state of _____
on or about (date/year) _____.

This statement is made with the knowledge that it is a Class 5 felony to make a false statement and that in doing so I am subject to the penalty of South Dakota law.

Applicant's Signature

_____, 20____
Date

AFFIDAVIT CLAIMING LACK OF RESIDENCE POST OFFICE ADDRESS

(AN APPLICANT HOLDING A SOUTH DAKOTA DRIVER'S LICENSE NEED NOT COMPLETE THIS AFFIDAVIT)

I, _____, in conjunction with my South Dakota Application for Title and Registration, do hereby declare and affirm that the following facts are true:

1. I do not have a South Dakota Driver's License; and
2. I do not maintain a "residence post office address"* in South Dakota or any other United States jurisdiction; and
3. Because I do not maintain a "residence post office address"* in South Dakota or any other United States jurisdiction, the address I have provided with my South Dakota Application for Title and Registration is strictly for mail-forwarding purposes.

*For purposes of this affidavit, the term "residence post office address" is defined as the place at which a person actually lives.

Signature of Affiant

Date

Printed Name of Affiant

Notary Public or County Treasurer

STATE OF _____; COUNTY OF _____

Subscribed and Sworn to before me this _____ day

of _____, 20__

Date Commission Expires