

Vehicle Registration Checklist

Our vehicle registration service is by appointment only. Please call the office to schedule a phone appointment or in-person appointment. Our phone number is 605-332-3711 or 800-447-2664.

Vehicle registration appointment fees are non-refundable and due at the time of service.

The attached documents are legal documents. Please do not fill them out ahead of your appointment. You will need to use either black or blue ink. Cross-outs and white-out will not be accepted.

For vehicles/vessels owned less than 2 years or have not been registered yet, you will need:

- _____ Certificate of Title or Manufacturer's Certificate of Origin, or
- _____ If financed: Lender's name, address, fax/email for the Title dept., and your loan account number
- _____ Purchase Agreement, Buyer's Invoice, or Bill of Sale
- _____ DMV receipt of sales/use tax paid, or SD Form 1004 filled out by the selling dealer

For vehicles/vessels owned more than 2 years and already titled & registered in your name:

- _____ Certificate of Title, or
- _____ If financed: Lender's name, address, fax/email for the Title dept., your loan account number, and most recent registration
- _____ Current odometer reading if the vehicle is less than 20 years old
- _____ The amount of sales/use tax paid, the state it was paid to, and the month and year it was paid (vehicles from AL, AK, OR, SC, NH, NC, & MT may be subject to additional tax)

For motorhomes, RVs, and trailers of any kind:

- _____ Documentation from the manufacturer of the UVW/shipping/dry/empty weight. If not available, a certified scale ticket will be needed. Gross vehicle weights are not accepted

For all vehicles/vessels:

- _____ South Dakota Vehicle Registration Forms (*from DakotaPost, 1 set for each vehicle*)
- _____ Valid driver's license. If issued from a state other than South Dakota, you also need a copy of your social security card or a tax form (1099, W2, etc) that shows your full social security no.
- _____ Money Order or Cashier's Check made payable to Minnehaha County Treasurer (*personal checks are not accepted.*) *Visa, MasterCard, & Discover are also accepted with an additional fee, limits apply

For watercraft, off-road vehicles, and leased vehicles: Additional forms will be needed

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 checked="" type="checkbox"/>		X-Junking Certificate <input type="checkbox"/>		RMI	Ton	Reg. Date	SD License No.	
Interstate <input type="checkbox"/> Abandoned <input type="checkbox"/>		S-Salvage-Total Loss <input type="checkbox"/>					Pri.	
Repossession <input type="checkbox"/> Operation by Law <input type="checkbox"/>		B-Rebuilt <input type="checkbox"/>					Sec	
III. 1-4 Owner's/Lessor's Name: (Last, First, Middle); Description of type of ownership (and, or, DBA, WROS, Guardianship, lessee, lessor, etc.); Identification number (SD Dr. Lic. or SS No.)								
1.								
Owner/Lessor & Lessee		Type of Ownership		Customer Type		SD Driver's License No. or Social Security No.		
2.								
Owner/Lessor & Lessee		Type of Ownership		Customer Type		SD Driver's License No. or Social Security No.		
3.								
Owner/Lessor & Lessee		Type of Ownership		Customer Type		SD Driver's License No. or Social Security No.		
4.								
Owner/Lessor & Lessee		Type of Ownership		Customer Type		SD Driver's License No. or Social Security No.		
ADDRESS	3916 N. Potsdam Ave. PMB			Sioux Falls		SD		57104
	Owner/Lessor Address			City		State		Zip Code
	Owner's Physical 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
Odometer (Complete for vehicles 19 years old or newer):								
Odometer Indicator (Check one): <input type="checkbox"/> Actual Mileage <input type="checkbox"/> Exceeds Odometer's Mechanical Limits <input type="checkbox"/> 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			
V. Motor Vehicle Purchaser's Certificate								
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%..... \$								
5. Credit for Tax Paid to Another State..... \$					Mailing Address			
6. Title Fee and Penalty Fee..... \$					Electronic Lien & Title (ELT): A paper title is not printed until lien(s) are released or a request by lienholder is approved.			
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..... \$								
11. Balance Due..... \$					2nd Lien holder			
PENALTY: Any person failing to pay the full amount of excise tax is subject to a Class 1 misdemeanor.					Mailing Address			
<input type="checkbox"/> Tax Exempt (if claiming exemption, list exemption # from Section VI on back of form.)					City/State/Zip Code			
<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.)					Note any additional liens in section IX on reverse side			
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



State of South Dakota
Motor Vehicle Division
445 E. Capitol Avenue
Pierre, SD 57501
605-773-3541 <http://dor.sd.gov>

Form# 1007

Tax Payment Verification

A

Instructions

This form must be submitted with 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 submitted must be in the same name as the applicant. The applicant will receive credit for the percentage of tax paid that is equal to or greater than the tax owed to this state.

B

Applicant Information

Name: _____ Phone Number: _____

Address: 3916 N. Potsdam Ave PMB City: Sioux Falls State: SD Zip: 57104

C

Tax Information

I am attaching proof from another state of tax previously paid. I acknowledge the Department may require additional documentation.

Amount Paid: _____ Tax Type (Sales, Excise, Etc.): _____

State tax was paid to: _____ Date of tax payment: _____

D

Unsworn Declaration

This information is made with the knowledge that it is a class 5 felony to make a false statement to the Department of Revenue. I declare under penalty of perjury under the law of South Dakota that the foregoing is true and correct.

Signed on this _____ day of _____, _____ at _____.

Printed Name: _____ Signature: _____



State of South Dakota
Motor Vehicle Division
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Form# 1004

Out-of-State Dealer Tax Assessment

A

Instructions

This form is to be filled out by the dealer who sells the motor vehicle. Please submit the completed form with the title transfer paperwork to the county treasurer's office.

B

Dealership
Information

Name of Dealership: _____ Agent for Dealership: _____

Street Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

C

Vehicle
Information

Year: _____ Make: _____ Model: _____

VIN/HIN: _____ Title Number: _____

D

Tax
Information

Date of Sale: _____ Selling Price: _____ Tax Amount: _____

State Tax was Paid to: _____ Tax Type (Sales, Excise, Etc.) _____

E

Purchaser
Information

Purchaser's Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

F

Unsworn
Declaration

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.

I declare under penalty of perjury under the law of South Dakota that the foregoing is true and correct.

Signed on the ____ day ____, ____ at _____.

Printed Name of Dealership Representative: _____.

Dealership Representative's Signature: _____.



State of South Dakota
Motor Vehicle Division
445 E. Capitol Avenue
Pierre, SD 57501
605-773-3541 <http://dor.sd.gov>

Power of Attorney

A
Instruction Complete this application to designate power of attorney only to make an application for title or to assign a certificate of title.

B
Vehicle or Boat Information ☐ Vehicle ☐ Boat
Year: _____ Make: _____ Model: _____
VIN/HIN: _____ Title Number: _____

C
Person(s) Appointed 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:

Appointed Name: Katherine Jacobsma Address: 3916 N. Potsdam Ave
City: Sioux Falls State: SD Zip Code: 57104

Appointed Name: Amber Hobert Address: 3916 N. Potsdam Ave
City: Sioux Falls State: SD Zip Code: 57104

D
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.

☐ Jointly (both people named must sign) ☒ Severally (either person named can sign)

Group 2: One or more selections must be made.

☒ To apply for a certificate of title for the described vehicle/boat in the name of the undersigned.

☐ To assign all rights, title, and interest in the described vehicle/boat on behalf of the undersigned.

E
Disclosure, Signature, and Notary 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____.

Name: _____ Signature : _____

Name: _____ Signature : _____

Sworn to and witnessed by me this _____ day of _____, 20____.

Notary Signature: _____

My commission expires the _____ day of _____, 20____.

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



GENERAL AUTHORIZATION

That the undersigned _____ does hereby understand:

1. Registration work at the Minnehaha County Treasurer's office can take 7-10 business days.
2. Paperwork should be sent to DakotaPost with tracking so you can see when the paperwork arrives.
3. Vehicle registration appointment fees are non-refundable and due at the time of service. This appointment shall be valid unless revoked by the undersigned in writing.
4. DakotaPost charges a 2.99% convenience fee on all credit card transactions.

And appoints DakotaPost to:

1. To apply for or transfer a title(s) for the described vehicle(s)/boat(s)/trailer(s) into the name of the undersigned.

NOTICE TO PERSONS EXECUTING THIS DOCUMENT: This is an important legal document. The signing of this document has legal ramifications. DakotaPost does not provide any legal, tax, or accounting advice regarding the suitability of the use of our services.

I understand that if I am living and/or working in another state and can be considered a resident of that state, according to that state's residency requirements, that state may have me re-register this(these) vehicle(s), regardless of what state my driver's license is issued in.

Note: The state of South Dakota does not issue refunds for plates and registrations.

DakotaPost Vehicle Registration Fees + Sales Tax:

1 vehicle = \$69.03	3 vehicles = \$207.09	Title Request = \$15.93	Specialty Plate = \$15.93
2 vehicles = \$138.06	4 vehicles = \$276.12	Lease Consult = \$26.55	Title Change = \$26.55

Signature _____ Date _____

CREDIT CARD AUTHORIZATION FORM

I, _____, authorize Minnehaha County Treasurer to charge my card for any vehicle tax/title/license/penalty fees associated with the attached Motor Vehicle Title & Registration Application(s).

I understand that I will be charged a 2.35% processing fee with the Minnehaha County Treasurer for using my card.

Cardholder Name:

Credit Card Type

VISA

MASTERCARD

DISCOVER

Credit Card Number

Expiration Date

Billing Zip Code

CVV code

(last 3 digits located on the back of the card, see below)



Card
Identification
Number

Cardholder's signature

Date

I am aware that I will receive a copy of the transaction receipt and that receipt will act as my record of this transaction.

The card charge will show on bank statements as *N COURT