DEALER POINT
MVT TRANSACTIONS

NORTH DAKOTA

DEALER

Dealership

Address

City, State, ZIP

CUSTOMER

Name

Address

City, State, ZIP

VEHICLE

Year, Make, Model

VIN

Milage

Gross Vehicle Weight

DEAL

Deal Number

Transfer Plate Number

Expiration Date

INSURANCE

Policy Number

Company (ie: Farmers, Geico, State Farm

LIENHOLDER

Name

Address

City, State, ZIP

ELT Code

CHECKLIST

TITLE (can be signed by POA)

* If there is a spot for notarization, it must be notarized

☐ The original Title and any supporting reassignments

TITLE APPLICATION

☐ Completed Title Only Application FORM SFN 2872

PROOF OF IDENTIFICATION (Business)

SELECT ONE

☐ Copy of Official Document listing Federal ID Number

☐ Tax Certificate

☐ Articles of Incorporation

PROOF OF IDENTIFICATION (Individual)

☐ Copy of Valid North Dakota Drivers License

☐ Out of State Drivers License

Must provide FRONT & BACK copy of Drivers License
a copy of Passport is acceptable

BILL OF SALE / RETAIL PURCHASE AGREEMENT

☐ Completed Bill of Sale Form / Retail Purchase Agreement

ODOMETER DISCLOSURE FORM

☐ Completed Odometer Disclosure Statement FORM

PROOF OF INSURANCE

(Insurance Card that includes the following)

☐ Policy Number

☐ Name of Registrant

☐ Effective and Expiration Date

☐ Must have Sale Vehicle

TRANSFER REGISTRATION

☐ Provide a copy of current registration

LIEN ASSIGNMENT

UCC AND/OR Full Finance Contract

☐ Completed Lien Assignment FORM

POWER OF ATTORNEY

☐ Completed Power of Attorney FORM

CLEAR FORM

Dealer Point MVT

APPLICATION FOR CERTIFICATE OF TITLE & REGISTRATION OF A VEHICLE

North Dakota Department of Transportation, Motor Vehicle
SFN 2872 (11-2023)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Website: https://dot.nd.gov

I. This Application is for:

(Check only one) SEE INSTRUCTIONS ON REVERSE SIDE.

- IRP/Prorate - Account Number:
- Title Process
- Vehicle Registration
- Registration Change - Reason:
- Utility Trailer License $5
- Permanent Trailer Plate - Check one: Farm Semi

REQUIRED: Reason for Duplicate (Circle: lost, stolen, mutilated)

- ☐ Duplicate plates, tabs & registration card $5.00
- ☐ Duplicate tabs & registration card $3.00
- ☐ Duplicate registration card only $2.00
- ☐ Duplicate title $5.00

DO NOT SEND CASH

II. Applicant Information

Applicant's Legal Name ☐ Individual (first, middle, last) ☐ Business ☐ Lessor ☐ Trust ☐ Govt.		☐ Driver's License ☐ FEIN		Telephone Number
Mailing Address	City	State	ZIP Code	County
Co-Applicant's Legal Name ☐ Individual (first, middle, last) ☐ Business ☐ Lessee ☐ Trust ☐ Govt.		☐ Driver's License ☐ FEIN		Telephone Number
Mailing Address	City	State	ZIP Code	County
Must Check One (If Co-Applicant is included on application) Or And And/Joint Tenants with Right of Survivorship		☐ Vehicle is Leased		
		North Dakota Title Number		

III. Vehicle Information

Year	Make	Model	Body Style	
Vehicle Identification Number VIN		Fuel Type ☐ Electric ☐ Plug-In Hybrid ☐ Other		Color
Weight	Previous Weight	Motor Home/Trailer Length	ND License Plate Number	Credit Plate Number
Date 1st used on ND Highways	ATV/UTV Only ☐ Straddle ☐ Side by Side	Odometer Reading	Odometer Indicator (Check One) Actual Mileage Exceeds Mechanical Limits Not Actual	

IV. Motor Vehicle Purchaser's Certificate

Full Purchase Price (less Rebate)		
Less Trade-In Allowance		
Less Total Loss Allowance		
Difference / Subtotal		
Tax (5% of Difference / Subtotal)		
Abandoned Vehicle Disposal Fee	($1.50)	
Title Fee	($5.00)	
Vehicle License Fee		
SRP	($25.00)	
License Plate Credit Amount		
Plate or Credit Transfer Fee	($5.00)	
Branch Fee		
Duplicate Plate Fee	($5.00)	
TOTAL FEES DUE: DO NOT SEND CASH		

Year and Make of Trade-In

VIN of Trade-In

☐ Tax Exempt (see instructions on reverse)

ATTENTION TRUCK OWNERS HAULING HAZARDOUS MATERIALS:
I declare, with my signature on this application that I am knowledgeable of the Federal or State Motor Carrier and Hazardous Materials Safety Regulations.

V. Dealer and Lienholder Information

Date Acquired	Check One	New Vehicle Used Vehicle
Acquired From		ND Dealer No.
First Lienholder		
Mailing Address		
City	State	ZIP Code

VI. PENALTY: Any person making any false statement on this application for license or title for which another penalty is not specifically provided is guilty of a class B misdemeanor.

NDCC Chapters 39-04 and 39-05. Applicant certifies this vehicle will be insured as required by law. The applicant, under penalties of law and as rightful owner of the vehicle described on this application declares that the information set forth is correct.

If vehicle is company owned, company name and title of authorized agent signing the application must be noted.

NDCC Chapter 57-40.3-08. Submitting this application presumes this vehicle is being driven on North Dakota streets and highways.

Signature	Date
Printed Name or Business Name	

(CONTINUATION OF MOTOR VEHICLE PURCHASER'S CERTIFICATE)

If vehicle is exempt from tax, enter number corresponding to exemption in Section IV. (front of this form)

1. Gift from: Spouse Parent(s) Child Sibling(s) Grandparent(s) Grandchild
   Gift to (Specify relationship between ALL NEW owners ☐
2. Joint Tenants with Right of Survivorship and now vehicle is being put in one name only
3. Inheritance
4. Change of name by: Marriage Adoption Court Order
5. Vehicle acquired through a lease purchase agreement (Check one)
   A. If tax was paid on the total lease consideration, tax is due on the lease buyout amount.
   B. If tax was paid on the full purchase price and you have been in possession of the vehicle over one year, no tax is due.
   C. If tax was paid on the full purchase price and you have been in possession of the vehicle for less than one year, tax is due on the lease buyout amount.
6. State Fleet
7. Lien change --- CURRENT ODOMETER READING ☐
8. Interstate carriers --- Account Number: ☐
9. Tax paid to state that grants reciprocity to North Dakota (Proof required)
10. Public Transportation provided under contract with NDDOT
11. Dealer resale - USED vehicle
12. Dealer resale - NEW vehicle
13. Tribal (SFN 18085 required)
14. Disabled American Veteran or Former Prisoner of War - Letter of Eligibility from the Department of Veteran's Affairs is required
15. Nonprofit senior citizens' or mobility impaired persons' corporation owned vehicle used for the transportation of the elderly or disabled
16. Mobility impaired person(s) purchasing specially equipped vehicle
17. Homemade vehicle
18. Newly formed Partnership Corporation (Check One)
    Date formed: ☐
19. Dissolved Partnership Corporation (Check One)
    Date dissolved: ☐
20. Parochial or private non-profit school buses
21. Assembled vehicles by motor vehicle dealer (SFN 21859 required)
22. Transfer into family trust
23. Military home of record: Entry Discharge (SFN 17147 required)
24. Mobile Home (SFN 3004 required) or Manufactured Home (SFN 53658 required)
25. North Dakota political subdivisions
26. Repossession (SFN 2880 required)
27. Non-resident military lease
28. Total loss settlement or Salvaged
29. Other - Specify ☐
30. Spousal Transfer due to Divorce (copy of divorce decree required)

VIII. Damage Disclosure NDCC 39-05-17.2

The damage disclosure law includes passenger cars, trucks, pickup trucks, motorcycles, and motor homes that are less than nine years old. It EXCLUDES all trailers, off-highway vehicles, and snowmobiles. A Damage/Salvage Disclosure Statement **(SFN 18609)** must be completed. Motor vehicle body damage disclosure requirements apply only to the transfer of certificate of title on vehicles less than nine (9) model years old.

If applicable, please submit SFN 18609 Damage Disclosure Statement with this application.

Any person who makes a false statement on this form is guilty of a Class A Misdemeanor.

Instructions:

SECTION NO.

I. Check the type of application you are submitting (check only one).
II. Complete applicant information in **FULL** for each owner.
III. Complete **ALL** applicable vehicle information. Odometer reading required on all vehicles 2011 and newer.
IV. Complete **ALL** applicable purchaser's certificate information.
- Abandoned vehicle disposal fee of $1.50 is due on all new and out-of-state passengers, trucks, buses, and motorhomes when first titled in North Dakota.
- Title fee is $5.00.
- Enter license fee and pay applicable plate credit using the appropriate fee schedule.
- If applying plate credit, enter $5.00 plate transfer fee.
- If a trade allowance, year, make, and VIN are required.
- Enter the appropriate tax exemption number if an exemption for tax is claimed (see tax exemptions Section VII).

V. Complete **ALL** applicable dealer and lienholder information. If needing to add a second lienholder complete SFN 2475 Part 3: Purchaser's Certification and Application to **include all lienholders.**
VI. Application must be signed with applicant's legal signature and dated.
VII. Applicable tax exemptions.
VIII. Damage Disclosure statement SFN 18609 must be completed for all vehicles less than nine (9) model years old.

ODOMETER DISCLOSURE STATEMENT

Federal and State law require that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, _____ (SELLER'S NAME, PRINT) state that the odometer now

reads _____ miles (NO TENTHS) and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

☐ - (1) I hereby certify that the odometer reading reflects the amount of mileage in excess of its mechanical limits

☐ - (2) I hereby certify that the odometer reading is not the actual mileage. **WARNING – ODOMETER DISCREPANCY**

MAKE _____ BODY STYLE _____ YEAR _____

MODEL _____ VIN VIN _____

LAST PLATE STATE _____ LAST PLATE NUMBER _____

SELLER'S SIGNATURE _____ SELLER'S NAME _____

SELLER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ACKNOWLEDGING MILEAGE READING AS CERTIFIED

BUYER'S SIGNATURE _____ BUYER'S NAME _____

BUYER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF CERTIFICATION _____

NORTH DAKOTA MOTOR VEHICLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that Expiration Date _____
(Company Name or Individual)
gives to _____, or its designated representative for an indefinite period of time and until canceled in writing, a indefinite period of time and until canceled in writing, a limited power of Attorney, to act on its /his. Her behalf, with regard to all matters pertaining to the registering, licensing, transfer of ownership, an;/or titling of trailer, semi-trailers, motor vehicles and/or power equipment in the State of North Dakota, including, but not limited to, the preparation of any and all including, but not limited to, the preparation of any and all necessary paperwork required by the State of North Dakota Bureau of Motor Vehicles. For this service, we agree to pay all mutually agreed up fees.

SIGNED BY: _____
(Duly Authorized Officer of Company or Individual)

NOTE: If this Power of Attorney is in an individual's name, please include your Date of Birth: ____/____/____ and your Social Security Number: _____-_____-_____; **or**

If this Power of Attorney is in a Company Name, please include its Federal ID Number: _____.

STATE OF NORTH DAKOTA)
County of _____) ss. Dated: _____/_____/____

Personally appeared the above-named _____,
(Name or Officer or Individual)
_of _ __, duly Authorized, and acknowledged the foregoing instrument to be his/her free act and deed in his/her said capacity, and the free act and deed of said Company.

Before me,

_____
Notary Public
Print Name: _____
My Commission expires: _____

THIS POWER OF ATTORNEY IS LIMITED IN THAT T ONLY GIVES AGENT, AND/OR ITS DESIGNATED REPRESENTATIVE, THE RIGHT TO SIGN TS NAME WHERE YOUR NAME WOULD NORMALLY APPEAR ON REGISTRATIONS/LICENSES/TITLING/TRANSFERS OF OWNERSHIP,OR LIKE DOCUMENTS. IT DOES NOT ALLOW AGENT, AND/OR ITS DESIGNATED REPRESENTATIVES, TO SELL, LEASE, TRADE, OR IN ANY OTHER WAY UTILIZE OR TITLE DOCUMENTS ON YOUR BEHALF, UNLESS THIS POWER OF ATTORNEY IS ON FILE.

Described below at: _____.
(Address)

Year	Make	Model	Style	Vin#	Odometer

Owners Name	Owners Address
Station Name	Station Address
Certified Technician Name _____ (Signed)	Certified Technician Name & Number# _____ (Printed)

I have inspected the vehicle described above and have ***not*** found any safety or equipment requirements that would reject this vehicle from being considered roadworthy. The following items have been inspected. Please list all other inspected items under OTHER.

Brakes	Headlights (incl. aim specifications)
Windshield	Taillights
Horn	Registrations Plates and Rear Plate Lighting
Rearview Mirror	Directional Lights
Window Glass	Rear Reflector
Seat Belts	Body Elements and Sheet Metal Hazards
Steering Mechanism	Splash Guards
Suspension System	Catalytic Converter (1983 and subsequent models)
Wheels and Axles	Fuel Pipe Restrictor (1983 and subsequent models)
Frame	Gas Cap Pressure (if applicable)
Exhaust System	On-Board Diagnostic (if applicable)
Tires	OTHER: __

Limited Power of Attorney

Date:_____

I, Expiration Date _____

hereby name and appoint _____

or _____

to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my name and sign their name in my behalf. My attorney-in-fact can also file for and collect any overpayment of fees and taxes from the state office to which said overpayment was remitted. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same.
With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in respect of registering or titling the below- referenced vehicle.

Year: _____ Make:_____ VIN: _____

Transferor's Signature: _____

On this _____ day of _____ 20_____ before me personally appeared

_____ whose identity was proven to be based on satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

_____

(Affix Seal Here)

THIS FORM IS INVALID WITHOUT NOTARIZATION