



State of South Dakota
Division of Motor Vehicles
445 E. Capitol Avenue
Pierre, SD 57501

F: 605-773-2550 | P: 605-773-3541 | http://dor.sd.gov/Motor_Vehicles/

VALIDATION AND
OFFICE USE ONLY

Title _____
Date _____
Issued _____

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

Office locations and mailing addresses for county treasurers can be found at http://dor.sd.gov/Motor_Vehicles/.

A

Date _____

Applicant(s) Name(s) _____

Mailing Address _____

Daytime Phone _____ E-mail Address _____

Vehicle Title Number _____

Vehicle Identification Number (VIN) _____

Applicant
and Vehicle
Information

*Required
Information

B

I, _____, certify that I am the current registered owner of the above described vehicle; that plates/stickers were issued on _____, to the same address (listed above), on file at the DMV and it is within 90 days of the issue date and that the license plates/validation stickers, for which I have previously paid the required fee, have not been received by me.

Replacing Validation Sticker(s) Number _____

Replacing License Plate(s) Number _____

Originally Purchased On _____ in the County of _____ or Online/SST

I hereby request that the county treasurer or DMV 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 office or DMV as described in box below.

Signature of Affiant _____

If license plate/validation stickers were purchased from county treasurer, please submit this form to your treasurer's office. If license plate/validation stickers were purchased online or at a self-service terminal location, please submit to DMV at address above.

C

I, _____, certify that I am the current registered owner of the following described vehicle; that the vehicle title was originally issued on _____, to the same address (listed above) on file at the DMV and it is within 90 days of the issue date, that the title application fees have been paid and that such title has not been received by me.

Vehicle Make/Model/Year _____

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 at the address above.

Signature of Affiant _____ Date _____

Replacement
of Lost Title
Document