



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

Form 1006

605-773-3541 <http://dor.sd.gov>

### Application for Replacement of License Plates, Registration Stickers, or Lost Title (Lost in Mail)

**A** Complete and submit this form to the county treasurer's office. Office locations and mailing addresses for county treasurers can be found at <http://dor.sd.gov>

Instructions

**B** Name(s): \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Application & Vehicle Information:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Title #: \_\_\_\_\_ VIN/HIN: \_\_\_\_\_

**C** 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 MVD and it is within 90 days of the issue date and that the license plates/registration stickers, for which I have previously paid the required fee, have not been received by me.

Replacement of License Plates/Registration Stickers

License Plate # \_\_\_\_\_  Registration Stickers  License Plate(s)

I hereby request that the county treasurer or MVD issue replacement license plates/registration stickers at no additional cost to me. I swear, under penalty of perjury, that I will not use the replacement license plates or registration 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 treasure office or MVD as describe in the box below.

Signature of affiant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**D** I, \_\_\_\_\_, certify that I am the current registered owner of the above described vehicle; that the vehicle title was originally printed on \_\_\_\_\_, to the same address (listed above) on file at the MVD and it is within 90 days of the issue date, that the title applications fees have been paid and that such title has not been received by me.

Replacement of Lost Title Documents

Vehicle Make/Model/Year \_\_\_\_\_

I hereby request that the Motor Vehicle Division 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 Motor Vehicle Division at the above address.

Signature of affiant: \_\_\_\_\_ Date: \_\_\_\_\_