



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

Form# 1205

Bonded Title Release Form

A

Applicant
Information

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

DL/SSN/FEIN: _____ County: _____

Contact Phone #: _____ Email Address: _____

B

Release
Request

I(We), _____ request to release the bond and remove the notices that the vehicle may be subject to an undisclosed interest, Bond Number: _____.

I(We) request the bond to be released for one of the following reasons (select one):

- Three years have **not expired** from the receipt of the bonded Certificate of Title, but the most recent prior title has been located and is being submitted with this form.
- Three years **have expired** from the receipt of the bonded Certificate of Title and no claim has been on the bond and no claim is pending.

C

Unsworn
Declaration

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

I am submitting this form, along with the Certificate of Bonded Title, and applicable fees to the county treasurer's office.

Executed on the _____ day of the _____ (Month), _____ (Year) at _____.

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____