

VEHICLE STATEMENT OF OWNERSHIP

North Dakota Department of Transportation, Motor Vehicle
SFN 2903 (5-2017)

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

This form shall be used only for proof of ownership for vehicles purchased in prior years for which no
Manufacturer's Statement of Origin, Bill of Sale, or Title was issued.

The subscriber herein, subject to the penalties of law, is the owner of the following described vehicle:

Year	Make	Model	Body Style	
Vehicle Identification Number		Color	Fuel Type	Weight
Purchased From			Date Purchased	

Explain how you came into possession of this vehicle:

The subscriber states the vehicle was purchased as stated above and that it is free from all liens and encumbrances except those listed.

Applicant's Legal Name	Check One <input type="checkbox"/> DL <input type="checkbox"/> FEIN	Telephone Number	
Mailing Address	City	State	ZIP Code

Liens and Encumbrances (Title will be mailed to lien-holder)

Mailing Address	City	State	ZIP Code
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Applicant's signature for title to the above described vehicle, hereby agrees to indemnify, save and hold harmless the State of North Dakota, its agencies including, but not limited to the North Dakota Department of Transportation, its officers and employees, from any and all claims which may arise or result from acts or omissions in the transfer of title of the above-referenced vehicle.

Name (Type or Print)	Legal Signature of Owner (sign before a Notary Public or Authorized Officer)
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Acknowledgement

State of
County of

Signed and sworn to (or affirmed) before me on this day _____
(month, day, year)

Name of Notary Public or other Authorized Officer (Type or Print)	Affix Notary Stamp
Signature of Notary Public or other Authorized Officer	
Commission Expiration Date (if not listed on stamp)	

PENALTY: ANY PERSON MAKING ANY FALSE STATEMENT OF THE WARRANTY OF TITLE FOR WHICH ANOTHER PENALTY IS NOT SPECIFICALLY PROVIDED IS GUILTY OF A CLASS B MISDEMEANOR.