AFFIDAVIT OF OWNERSHIP

North Dakota Department of Transportation, Motor Vehicle
SFN 62624 (4-2026)

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 more than 40 years old for when a Manufacturer's Statement of Origin, Bill of Sale, or Title cannot be produced and is submitted with the application. 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	Purchase Price	Date Purchased

Explain how you came into possession of this vehicle and why a bill of sale, MCO, or title cannot be produced:

Applicant's Legal Name	Select One: ◯ DLN ◯ FEIN	Telephone Number

Mailing Address	City	State	ZIP Code

Liens and Encumbrances (title will be mailed to lienholder)			
Mailing Address	City	State	ZIP Code

I, the undersigned, acknowledge it is a felony to make a false statement in this affidavit (NDCC Title 39). I certify that the above-described vehicle is as stated above and that it is free from all liens and encumbrances, except as set forth in my application for North Dakota Certificate of Title. This affidavit is attached to, and made a part of, my application for North Dakota Certificate of Title to the above-described vehicle. I do hereby agree to warrant and defend said Title, and to not only save harmless and defend, regardless of outcome, the North Dakota Department of Transportation from the expenses of and against all suits, actions, claims, losses, or assertion of claims including costs, expenses, and attorney fees to which the department may be subjected on account of any defect in my Title to the vehicle in question, but also to pay any and all damages suffered by any person or entity resulting from the issuance of this title by the North Dakota Department of Transportation.

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

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.