



Lawrence County Treasurer
P.O. Box 394
Deadwood, South Dakota 57732
Phone: 605-578-1862
Fax: 605-722-6216

ATV Temporary Permits

SD Website to download Four Wheel All Terrain Affidavit and other related forms:
www.sdcars.org Click on "DMV Home" then click on "Forms"

Form needs to be filled out in its entirety, except for title number; please leave that line blank. ALL ACCESSORIES listed must be on the ATV and the engine must be at least 200 cc. **MAKE SURE TO CHECK EACH ACCESSORY; IF ANY ACCESSORRIES ARE NOT CHECKED PERMIT CANNOT BE GIVEN.** Please include the **COLOR** of the unit under the "other" category. This form needs to be **NOTARIZED**. If you are going to buy the permit in person, please do not sign it until you get to our office; we can notarize it for you. If doing by mail, please get form notarized before mailing.

The permit is available for a minimum of 5 days and maximum of 15 days per fiscal year. Cost is \$1.00 per day. If we will be mailing the permit back to you please include \$2.00 per permit for postage and handling.

We will need a copy of your Driver's License along with your Social Security number.

We will need the number of days you want the permit for and the date you want the permit to start. Also please include your **phone number** in case we have questions or problems with the paperwork. **WE CAN ONLY DO THE PERMITS WITHIN 30 DAYS OF WHEN PERMIT STARTS AND THESE PERMITS CANNOT BE CHANGED, CANCELLED, OR REFUNDED.**

For interstate purposes to get a hard plate, we will need the ATV Affidavit, along with form MV-215 Interstate Affidavit (both of these require to be notarized) check box that Applicant in State on a temporary basis and we also need the MV-608 form Application for Motor Vehicle Title. \$10.00 Title Transfer Fee applies. If your ATV is financed and your state does ELT filing you cannot do the interstate process. If we are mailing plates to you, there is a \$5.00 postage and handling fee. The registration fees will be prorated.

For South Dakota titling purposes we will need the ATV Affidavit, the MV-608 Application for Motor Vehicle Title. \$10.00 Title Transfer Fee applies; \$10.00 to note a Lien, if applicable. If we are mailing plates to you, there is a \$5.00 postage and handling fee. The Registration fees will be prorated.

If you have any questions please call our office at the above number.



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

VALIDATION AND OFFICE USE ONLY
[Empty box]
SDCL 32-3-29

Off-Road Vehicle Affidavit

(Attach to Title and Registration Application)

I, the undersigned, do hereby swear that I had installed on the following described two or four wheel, all terrain vehicle:

Title Number _____ Make _____
Model _____ Year _____ Serial Number _____
by _____

(name and address of person installing accessories) the following motorcycle accessories, not to be exclusive:

- Checkboxes for: Rearview mirror, Headlights, Minimum of 200 cc engine for 4 wheel, Horn, License plate light, Minimum of 120 cc for 2 wheel, Exhaust and muffler, Parking lights, tail lights, stop lights, Other (list below)

I further swear that the above described vehicle is insured pursuant to SDCL Chapter 32-35, and the accessories meet the motorcycle standards of SDCL Chapters 32-15, 32-17, and 32-18. I also declare and affirm under the penalties of perjury that this affidavit has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Name: _____
Date: _____

Signed and sworn to before me this _____ day of _____, 20 _____

Notary

My Commission expires on the _____ day of _____, 20 _____

Pursuant to SDCL 32-20-2 to operate the above vehicle you must have a valid driver's license.

Date: **State of South Dakota Application for Motor Vehicle Title & Registration**

I. This application is for (Check one only) Transfer - New - Out-of-State <input type="checkbox"/> Interstate <input type="checkbox"/> Operation by Law <input type="checkbox"/> Repossession <input type="checkbox"/> Unpaid Repair Bill <input type="checkbox"/> Abandoned <input type="checkbox"/>	Brand (Check if Applicable) Manufacturer Buy Back <input type="checkbox"/> Rebuilt <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Manufacturer Buy Back - Rebuilt <input type="checkbox"/> Salvage Total Loss <input type="checkbox"/> Manufacturer Buy Back - Salvage <input type="checkbox"/> Recovered Theft <input type="checkbox"/> Manufacturer Buy Back - Junking Certificate <input type="checkbox"/> Parts Only <input type="checkbox"/>	II. South Dakota Title Number Title County Number
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III. 1-4 Owner's/Lessor's/Trust's Name (First, Middle, Last), Description of type of Ownership (and, or, DBA, WROS, Guardianship, lessee, lessor, trustee etc.), Identification Number (SD Dr. Lic., SD ID, Soc. Sec. No. Fed Emp. ID. No.), Description of Customer Type (Individual, Company, Dealer, Government, Trust).

Owner/Lessor/Trust	Type of Ownership	Customer Type	Identification # (SD DL, SD ID, SSN, FEIN)
Owner/Lessee/Trustee	Type of Ownership	Customer Type	Identification # (SD DL, SD ID, SSN, FEIN)
Owner/Lessee/Trustee	Type of Ownership	Customer Type	Identification # (SD DL, SD ID, SSN, FEIN)
Owner/Lessee/Trustee	Type of Ownership	Customer Type	Identification # (SD DL, SD ID, SSN, FEIN)

ADDRESS See Special Mailing Address in Section VII	Owner/Lessor/Trust Mailing Address	City	State	Zip Code
	Owner/Lessor/Trust Physical Address (Residence Post Office Address)	City	State	Zip Code
	Lessee/Trustee Mailing Address	City	State	Zip Code
	Lessee/Trustee Physical Address (Residence Post Office Address)	City	State	Zip Code

IV. Primary VIN or Serial Number:

Make	Model	Body Type	Vehicle Code	Year	Weight/CC	Color	Fuel	Previous State/Brand
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Secondary VIN or Serial Number: _____ **Year:** _____ **Make:** _____

Odometer Reading (Complete for vehicles 9 years old or newer): Units (Check one): Miles Kilometers

Odometer Brand (Check one): Actual Mileage Exceeds Odometer's Mechanical Limits Not Actual Mileage

Dealer Price Certification: I hereby certify that the purchase price and trade-in allowance in Item V. of the application is correct and that all accessories and added equipment have been reported.

Dealer Name and Number	Signature of Dealer or Dealer's Agent	Dealer Sold Permit
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1st Trade-In				2nd Trade-In			
Year	Make	Serial No.	SD Title No.	Year	Make	Serial No.	SD Title No.

V. Motor Vehicle Purchaser's Certificate (Note: A guide published by the automobile industry will be used to check values)

1. <input type="checkbox"/> Tax Exempt (If claiming exemption, list exemption #) _____ <input type="checkbox"/> Rental Vehicle/SD Sales Tax # _____ <input type="checkbox"/> Non-Profit Donated Vehicle/Corporation # _____	VI. Important: Electronic Lien & Title - A paper title is not issued until lien(s) released or upon request by lienholder for other approved purpose. 1st Lienholder: Mailing Address: City/State/Zip Code: 2nd Lienholder: Mailing Address: City/State/Zip Code: To add additional lienholders, see section XI on reverse side
2. <input type="checkbox"/> Title Only (If applying for a "Title Only" in signing this application you are attesting that the vehicle will not be used upon the streets and highways of this state or any state. Application must be made within 45 days of purchase date) 3. Purchase Date _____ 4. Purchase Price (see Reverse Side) Bill of Sale Not Available <input type="checkbox"/> Computer NADA'ED <input type="checkbox"/> \$ _____ 5. Less Trade-In Allowance \$ _____ 6. Difference \$ 0.00 7. Tax 4% of Line 6, Manufactured Homes 4% \$ _____ 8. Tax Penalty & Interest \$ _____ 9. Credit for Tax Paid to Another State \$ _____ 10. Title Fee \$ 10.00 11. Late Fee (Application made after 30 days) \$ _____ 12. Lien Fee \$ _____ 13. Balance Due for Title Application \$ 10.00	VII. Special Mailing Address: (If other than owner/lessor address) Name: _____ Address: _____ City/State/Zip Code: _____

The applicant, under penalties of law and as rightful owner of the vehicle described on this application, declares that the information set forth on this application is true and correct.

PENALTY: Any person failing to pay the full amount of excise tax is subject to a Class 1 misdemeanor.

PENALTY: Any person who intentionally falsifies information on this application is guilty of a Class 6 felony.

MY-608 (05/12)

Signature	Date
Signature	Date

SOUTH DAKOTA DIVISION OF MOTOR VEHICLES AFFIDAVIT
IN SUPPORT OF INTERSTATE TITLE (NONNEGOTIABLE) RECORD

AFFIANT NAME(S) _____ ADDRESS _____

ADDRESS _____

VEHICLE/BOAT DATA YEAR _____ MAKE _____ SERIAL # _____

LICENSE # _____ STATE _____ TITLE # _____ TITLED IN (STATE) _____

I hereby apply for regular South Dakota license plates for the above vehicle/boat as provided for under SDCL 32-5-4.1 and 32-3A-36, and affirm that the described vehicle/boat will be operated on this state's highways/waters. This vehicle/boat is properly titled or registered under the laws of the state and license number listed above. I will retain the Certificate of Title or registration form issued by the state of prior issuance, but have given a copy to the County Treasurer for attachment to this affidavit. I request registration in the state of South Dakota for the reason indicated below: (Check proper response)

- Applicant is in state on a temporary basis.
- Commercial vehicle titled out-of-state, but on lease to a South Dakota based motor carrier.
- Military personnel temporarily stationed at a military base located within South Dakota.
- South Dakota resident whose vehicle/boat is mortgaged by an out-of-state based financial service (mortgagor), not applicable if out-of-state title is electronic (ELT).

I (We) hereby request that the Department of Revenue create a nonnegotiable Interstate Title record covering this vehicle/boat in my (our) name(s), and that I (we) agree to protect and indemnify the South Dakota Department of Revenue, Division of Motor Vehicles, against any and all liabilities and claims which may arise as a result of this title registration.

Signature of Affiant(s) _____

STATE OF SOUTH DAKOTA

COUNTY OF _____ SS.

Subscribed and Sworn to before me this _____
day of _____, 20 ____

Notary Public or County Treasurer

Date Commission Expires