

AFFIDAVIT OF NON-RECEIPT

North Dakota Department of Transportation, Motor Vehicle
SFN 16782 (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>

Legal Name			Daytime Telephone Number	
Mailing Address		City	State	ZIP Code
Year	Make	Model	Style	
Vehicle Identification Number (VIN)			Title Number	

I certify that I have not received the indicated item(s) listed below for the above described vehicle and desire to have a duplicate issued at no cost. I further certify that, should the original item be recovered, I will promptly forward the original item to the Motor Vehicle Division.

The following items have never been delivered to me or to the address listed in the records at the Motor Vehicle Division.

Check all applicable items:

- ☐ Mobility Impaired Placards Number(s) _____
- ☐ Validation Decals (Tabs), Month & Year _____
- ☐ Registration Card
- ☐ Title
- ☐ License Plates, Number _____

Name (Type or Print)	Legal Signature (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)	

Note: The filing of a false affidavit is a Class A misdemeanor punishable by a maximum penalty of \$1,000 and/ or one year in jail.
(Chapter 12.1-11, NDCC)