

ODOMETER CORRECTION

North Dakota Department of Transportation, Motor Vehicle
SFN 60806 (4-2016)

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

If correcting an odometer (mileage) error on the printed title, this form must be completed and signed by the individual who originally made the error or alteration.

Title Number	Title Issue Date	Incorrect Odometer Reading	Corrected Odometer Reading
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The odometer reading was recorded incorrectly because:

Name of individual requesting odometer correction (Last, First, Middle)	Telephone Number
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Mailing Address	City	State	ZIP Code
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Odometer correction requests must be submitted to the address listed above and must include:

1. SFN 60806 Odometer Correction
2. SFN 18773 Reassignment/Odometer Disclosure must be submitted with the corrected odometer reading when the error occurred during an ownership change. This will require the form to be completed in full with the appropriate signatures from seller and buyer.
3. Title fee - \$5.00
4. Original title issued with incorrect mileage
5. Documentation to support odometer correction request (as explained below) to validate that the odometer reading recorded on the title was incorrect.

Acceptable documentation includes:

- A series of repair/service records that validate the vehicle's mileage before AND after the title was issued
- A series of oil change/maintenance records that validate the vehicle's mileage history before AND after the title was issued

The inability to provide the above mentioned documentation may result in the title being marked as **"WARNING NOT ACTUAL MILEAGE"**. At the Division's discretion, additional documentation may be requested at any time.

Under penalties of perjury, I certify that the information on this request is correct to the best of my knowledge.

Name (type or print)	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)	