



MISSOURI DEPARTMENT OF REVENUE  
**APPLICATION FOR MISSOURI TITLE AND LICENSE**

|  |  |
|--|--|
| <b>TRANS TYPE</b>                                | ANY FALSE STATEMENT IN THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH. |
| <input type="checkbox"/> RENEWAL/TRANSFER PLATES | <b>DOR USE ONLY — REJECT NUMBER</b>  |
| <input type="checkbox"/> TRANSFER PLATES         |  |
| <input type="checkbox"/> NEW PLATES              | <b>LICENSE PLATE NO</b>  |
| <input type="checkbox"/> TITLE ONLY              | <b>BRAND CODE</b>  |

**TITLE AND NOTICE OF LIEN**  
 (No complete change of ownership)

|                                       |  |   |  |  |  |                                      |   |                                   |  |  |  |
|---------------------------------------|--|---|--|--|--|--------------------------------------|---|-----------------------------------|--|--|--|
| ORIGINAL (1) <input type="checkbox"/> | DUPLICATE (2) <input type="checkbox"/> | NON-NEGOT. (3) <input type="checkbox"/> | PRIOR SALVAGE <input type="checkbox"/> | CORRECTED (5) <input type="checkbox"/> | MECHANIC LIEN (6) <input type="checkbox"/> | SALVAGE (9) <input type="checkbox"/> | DUP. SALVAGE (0) <input type="checkbox"/> | JUNK (A) <input type="checkbox"/> | DUP. JUNK (B) <input type="checkbox"/> | <input type="checkbox"/> TRANSFER ON DEATH (TOD) | <input type="checkbox"/> TENANTS IN COMMON |
|---------------------------------------|--|---|--|--|--|--------------------------------------|---|-----------------------------------|--|--|--|

|              |  |  |  |       |          |  |                                  |   |  |                      |            |  |  |
|--------------|--|--|--|-------|----------|--|----------------------------------|---|--|----------------------|------------|--|--|
| <b>OWNER</b> | OWNER'S NAME - LAST, FIRST, MIDDLE (ONLY FIRST 50 POSITIONS WILL PRINT ON TITLE) INCLUDING TOD |  |  |       |          |  | TOD BENEFICIARIES, IF APPLICABLE |   |  |                      |            |  |  |
|              | STREET ADDRESS (MUST BE A PHYSICAL ADDRESS - CANNOT BE A PO BOX OR RURAL ROUTE)                |  |  |       |          |  | COUNTY                           | FLEET NUMBER                            |  |                      | L/R NUMBER |  |  |
|              | CITY   |  |  | STATE | ZIP CODE |  |                                  | <input type="checkbox"/> IN CITY LIMITS | <input type="checkbox"/> OUTSIDE CITY LIMITS | TELEPHONE NUMBER ( ) |            |  |  |
|              | E-MAIL   |  |  |       |          |  | DLN OR FEIN NUMBER               |   |  | PRICE \$             |            |  |  |

|                |  |  |  |   |  |                   |          |   |   |                     |
|----------------|--|--|--|---|--|-------------------|----------|---|---|---------------------|
| <b>VEHICLE</b> | YEAR   | MAKE   | VEHICLE IDENTIFICATION NUMBER (IF TYPING, DISREGARD BLOCK CONSTRAINTS) |   |  |                   |          |   | BODY STYLE  | REBATE \$           |
|                | COLOR  | FUEL   | G - GAS<br>D - DIESEL<br>N - NAT. GAS<br>O - OTHER                     | L - LP - PROPANE<br>E - ELECTRIC<br>V - PLUG-IN HYBRID<br>ELEC. VEHICLE | GVWR OVER 16,000 LBS<br><input type="checkbox"/> YES | IF NEW, LIST GVWR | MILEAGE  | CODE  | PURCHASE DATE   | VEHICLE TRADE-IN \$ |
|                | KIND OF VEHICLE                                      |  | <input type="checkbox"/> NEW (MSO)                                     | <input type="checkbox"/> USED (TITLE)                                   | SURRENDERED TITLE NO.                                | STATE             | ZONE     | L - LOCAL<br>F - FARM<br>B - BEYOND LOCAL<br>S - SHUTTLE<br>T - TRANSIT | GR. WT. OR SEATING CAPACITY                                 | OTHER CREDIT \$     |
|                | P - PASSENGER<br>T - TRUCK<br>D - TRAILER<br>B - BUS | N - AUTOCYCLE<br>M - MOTORCYCLE<br>C - TRICYCLE<br>R - REC. VEHICLE<br>A - ATV | K.O.V.   | CYL.  | H.P.   | TAB NUMBER        | EXP. MO. | EXP. YR.  | CHECK BOX IF PLATE DOES NOT EXPIRE <input type="checkbox"/> | SPECIAL P           |

|                     |  |                         |   |                            |  |  |
|---------------------|--|-------------------------|---|----------------------------|--|--|
| <b>LIEN/MAIL TO</b> | <b>FIRST LIEN</b>  | SECURITY AGREEMENT DATE | MAIL TO LIENHOLDER (B) <input type="checkbox"/> | LIENHOLDER'S PHONE NO. ( ) | <b>SECOND LIEN</b>                                       | <input type="checkbox"/> MAIL TO ALTERNATE ADDRESS BELOW. DO NOT USE IF SECOND LIEN OR SUBJECT TO FUTURE ADVANCES. |
|                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |                         |   |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
|                     | <b>1 FIRST LIEN</b>                                      |                         |   |                            | <b>2 SECOND LIEN/MAIL TO</b>                             | <input type="checkbox"/> STFA  |

|   |   |                           |
|---|---|---------------------------|
| STREET ADDRESS, R.R. OR P.O. BOX NUMBER | STREET ADDRESS, R.R. OR P.O. BOX NUMBER | <b>FEES</b>               |
| CITY STATE ZIP CODE                     | CITY STATE ZIP CODE                     | LICENSE FEE \$            |
|   |   | RESERVATION FEE \$        |
|   |   | ADDITIONAL HP/DR/DRX \$   |
|   |   | TRANSFER FEE \$           |
|   |   | FAILURE TO TRANS/RENEW \$ |
|   |   | RENEWAL PENALTY \$        |

|                                       |   |                               |      |                |           |  |
|---------------------------------------|---|-------------------------------|------|----------------|-----------|--|
| <b>TRADE-IN/TRANSFER</b>              | <input type="checkbox"/> TRADE-IN         | YEAR                          | MAKE | LICENSE NUMBER | EXP. YEAR | FIRST LIENHOLDER AUTHORIZES SECOND LIEN BY SIGNING HERE: ▶ |
|                                       | <input type="checkbox"/> LICENSE TRANSFER | VEHICLE IDENTIFICATION NUMBER |      |                |           | H.P.   |
| <input type="checkbox"/> OTHER CREDIT |   |                               |      |                |           |  |

|   |   |  |  |  |  |      |
|---|---|--|--|--|--|------|
| <b>OWNER SIGNATURE</b>  | If this motor vehicle is registered at the time application for title is made, my signature shall certify that I have and will maintain, during the period of registration, financial responsibility with respect to each motor vehicle that I own, license, or operate on the streets or highways. |  |  |  |  | DATE |
|   | You must present your insurance card or other acceptable proof of financial responsibility.   |  |  |  |  |      |
| Any false affidavit is a crime under Section 575.050 of Missouri law. |   |  |  |  |  |      |

|                     |  |                 |                       |                                       |
|---------------------|--|-----------------|-----------------------|---------------------------------------|
| <b>DEALER INFO.</b> | MO DEALER NUMBER   | DEALERSHIP NAME | CITY, STATE, ZIP CODE | TELEPHONE NUMBER ( )                  |
|                     | "I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE." |                 |                       | SIGNATURE OF DEALER OR REPRESENTATIVE |

|                                      |  |                                       |   |  |   |                   |
|--------------------------------------|--|---------------------------------------|---|--|---|-------------------|
| <b>NOTARY - DUPLICATE TITLE ONLY</b> | DUPLICATE TITLE ONLY - COMPLETE REASON AND NOTARIZE. NOTARY INFORMATION APPLIES TO APPLICANT'S SIGNATURE.  |                                       |   | <input type="checkbox"/> \$1 BLIND FUND              | <input type="checkbox"/> \$1 ORGAN FUND                         | FUND DONATIONS \$ |
|                                      | <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED (ATTACH MUTILATED TITLE) <input type="checkbox"/> NEVER RECEIVED - LOST IN MAIL |                                       |   | <input type="checkbox"/> \$1 MISSOURI MEDAL OF HONOR | <input type="checkbox"/> \$10 OTHER                             | \$                |
|                                      | NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL   |                                       | STATE                                       | COUNTY (OR CITY OF ST. LOUIS)                        | IF EXEMPT FROM STATE OR LOCAL TAXES, ENTER EXEMPTION CODE HERE: |                   |
|                                      |  |                                       | SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF |  |   |                   |
|                                      |  | NOTARY PUBLIC SIGNATURE               |   | MY COMMISSION EXPIRES                                |   |                   |
|                                      |  | NOTARY PUBLIC NAME (TYPED OR PRINTED) |   |  |   |                   |

|                          |                                  |  |  |               |                            |
|--------------------------|----------------------------------|--|--|---------------|----------------------------|
| <b>OFFICE VALIDATION</b> | <input type="checkbox"/> APPROVE | <input type="checkbox"/> PP                  | <input type="checkbox"/> INS               | DIST. AMT. \$ | SUBTOTAL \$                |
|                          | <input type="checkbox"/> REJECT  | <input type="checkbox"/> FEIN                | <input checked="" type="checkbox"/> SAFETY | SITE CODE     | PROCESSING OR AGENT FEE \$ |
|                          |                                  | <input checked="" type="checkbox"/> EMISSION | MILEAGE DATE                               |               | NOL PROCESSING FEE \$      |
|                          |                                  | PROCESSED BY                                 | SURRENDERED PLATE NUMBER                   |               | TOTAL \$                   |
|                          |                                  |  | SURRENDERED PLATE CREDIT                   |               | \$                         |
|                          |                                  |  |  |               |                            |

TITLE WITHIN THIRTY DAYS TO AVOID PENALTY

## REQUIRED DOCUMENTS

- Application for Title completed and signed by the applicant.
- Appropriate title/registration/processing fees and state/local sales tax, if applicable.
- Assigned certificate of ownership.
- Copy of front and back of title assigned to dealer for trade-in vehicle or bill of sale or total loss statement for tax credit, if applicable.
- \*Insurance card or other acceptable proof of financial responsibility.
- \*Vehicle emissions inspection (if required) not more than 60 days old must be submitted by residents in the city of St. Louis and the following counties: Franklin, Jefferson, St. Charles, and St. Louis. Applies only to certain passenger vehicles and trucks with a manufacturer's gross weight rating of 8,500 pounds or less.
- \*Vehicle safety inspection (if required) not more than 60 days old or 90 days old if newly purchased from a Missouri dealer and the safety inspection provided by the Missouri dealer was completed within 60 days prior to the purchase date. All trailers, ATVs, and new motor vehicles (not previously titled) are exempt.
- \*Paid personal property tax receipt or a statement of non-assessment from the county (or city of St. Louis) in which you resided on January 1st of the previous year. The property tax receipt or statement of non-assessment must be in the owner's name. One receipt must be presented for the previous year to renew a one-year registration and two receipts must be presented for the last two years to renew a two-year registration.

\*Not required for title only or for ATVs.

NOTE: See [dor.mo.gov/motor-vehicle/titling-registration/](http://dor.mo.gov/motor-vehicle/titling-registration/) for vehicles that are exempt from safety and/or emissions inspection.

## PAYMENT METHODS

Check or money order may be accepted as payment. **Make the check or money order payable to: Missouri Department of Revenue.** The check must be preprinted with the check writer's name and address, bank code, and account number. It must also include the following information regarding the check writer:

1. Driver license or non-driver license number;

2. Date of birth; and
3. Daytime phone number.

**DO NOT SEND CASH WHEN APPLYING BY MAIL. The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds.** Other restrictions may also apply.

## COMPLETING THIS TITLE APPLICATION

Please follow the order of the instructions provided below, beginning with TRANSACTION TYPE, when completing your application. If there is no instruction for a particular field, simply provide the information requested, such as OWNER'S NAME or YEAR of the vehicle.

Instructions:

1. **TRANS TYPE** — Check the appropriate block.
2. Check the appropriate block indicating type of title required.
3. **STREET ADDRESS** — You must provide your actual physical street address in order to determine the correct tax rate. PO box numbers and rural routes are not a physical address and cannot be used for a street address but can be used for a "mail to" address.
4. **TRANSFER ON DEATH** — To name one or more beneficiaries on the title in the event of the owner's death, check this block. Record the beneficiaries name(s) in the designated area following the vehicle owner's name. **TENANTS IN COMMON** — If the application shows two or more owners, the unit will be held in joint tenancy. If this is not desired, the tenants in common block must be marked.
5. **IN CITY LIMITS/OUTSIDE CITY LIMITS** — Check the appropriate box if you live inside or outside city limits.
6. **DLN or FEIN** — Record your Driver License or Federal Employer Identification Number.
7. **YEAR, MAKE, VEHICLE IDENTIFICATION NUMBER, AND BODY STYLE** — Record in designated areas. If you hand write the application, record only one character in each block within the Vehicle Identification Number.
8. **FUEL** — Enter the appropriate code.
9. **GVWR** — Record the vehicle's gross weight rating as reflected on the manufacturer's statement of origin.
10. **MILEAGE** — Record the odometer reading from the assigned title/manufacturer's statement of origin/odometer disclosure statement.
11. **PURCHASE DATE** — Record the date the vehicle was purchased.
12. **NEW** — Check if the unit is new.
13. **USED MO** — Check if the purchase of the unit was recorded on a title.
14. **SURRENDERED TITLE NUMBER/STATE** — If a title is being surrendered, fill in the title number and the state in which the title was issued. If the unit is new record "MSO" in the surrendered title number block.
15. **ZONE, GROSS WEIGHT OR SEATING CAPACITY, KIND OF VEHICLE (KOV) CYLINDER (CYL.), AND HORSEPOWER (H.P.)** — Record the correct code. For passenger vehicles also provide the number of cylinders and taxable horsepower. For trucks, enter the licensed gross weight.
16. **EXPIRATION MONTH AND YEAR** — Record the month and year that the current license plates expire.
17. **FIRST LIEN** — If the vehicle has an outstanding lien, check "Yes" and record the complete name and address of the lienholder. The "FIRST

LIEN" block must be checked and the date of lien indicated. A title showing a lien will be mailed to the owner. If title is to be mailed to first lienholder, check "Mail to Lienholder" box. If there is no lien, check "No".

18. **SECOND LIEN** — If adding a second lien, check "Yes" and record the complete name and address of the lienholder. The "SECOND LIEN" block must be checked and the date of lien indicated.
19. **MAIL TO** — If the vehicle is not subject to a second lien or the first lien is not subject to future advances, and the title is to be sent to an address other than the address shown in the owner information section, the "Mail To" block must be checked and the name and address of the individual who is to receive the title must be indicated in the #2 block in the lien/mail to section.
20. **TRADE-IN, LICENSE TRANSFER INFORMATION — YEAR, MAKE, VEHICLE IDENTIFICATION NUMBER, HORSEPOWER, AND TITLE NUMBER** — Record the information from the previous vehicle in the designated areas.
21. **SIGNATURE — ONE OWNER MUST SIGN THE APPLICATION FOR TITLE.**
22. **\$1 BLIND FUND, \$1 ORGAN FUND, \$1 MISSOURI MEDAL OF HONOR AND \$1, \$10, OR OTHER AMOUNT TO THE WWI MEMORIAL FUND** Check appropriate block(s) if you wish to donate to the fund(s).

**ALL INCORRECT OR INCOMPLETE APPLICATIONS WILL BE REJECTED.** If there is no complete change of ownership and the title is to be mailed to the lienholder, the incorrect or incomplete application will be sent to the lienholder.

### DUPLICATE TITLE

Section 301.300, RSMo provides for the issuance of a duplicate title in the event of the loss, mutilation, or destruction of any certificate of ownership. To apply for a duplicate certificate of ownership, complete the application in full, including the information below.

1. Duplicate Title Only — Check the appropriate block indicating the reason a duplicate title is needed.
2. Notary Information — The applicant's signature must be witnessed by a notary public if applying for a duplicate title.
3. Submit an \$8.50 duplicate title fee and a \$6.00 processing fee.

**NOTE:** If a lien is shown on the original title and the loan was satisfied on or after July 1, 2003, you must submit a notarized Lien Release (DOR-4809), with the Application for Title.

**SUBMIT THE REQUIRED ITEMS AND FEES TO YOUR LOCAL CONTRACT OFFICE OR MAIL TO: MOTOR VEHICLE BUREAU, P.O. BOX 100, JEFFERSON CITY, MO 65105-0100.**

**DIRECT INQUIRIES TO (573) 526-3669 OR VISIT OUR WEB SITE AT: [dor.mo.gov](http://dor.mo.gov).**

**REMEMBER TO SIGN THE APPLICATION AND SUBMIT THE APPROPRIATE OWNERSHIP DOCUMENT, TITLE FEE, AND APPLICABLE PROCESSING FEES. (FEES ARE POSTED AT [dor.mo.gov](http://dor.mo.gov).)**

**NOTE:** License Office notary service - \$2.00

**TITLE PENALTY: A TITLE PENALTY FEE OF \$25.00 FOR EACH 30 DAYS OF DELINQUENCY, NOT TO EXCEED A TOTAL OF \$200.00, SHALL BE IMPOSED FOR FAILURE TO APPLY FOR A CERTIFICATE OF TITLE WITHIN 30 DAYS AFTER PURCHASE.**

## Ever served on active duty in the United States Armed Forces?

If yes, visit [dor.mo.gov/military/](http://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals.

A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](http://veteranbenefits.mo.gov/state-benefits/).