

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	<input type="checkbox"/> TITLE AND NOTICE OF LIEN (No complete change of ownership)
<input type="checkbox"/> TRANSFER PLATES	DOR USE ONLY — REJECT NUMBER
<input type="checkbox"/> NEW PLATES	LICENSE PLATE NO
<input type="checkbox"/> TITLE ONLY	BRAND CODE

Example



MISSOURI DEPARTMENT OF REVENUE
APPLICATION FOR MISSOURI TITLE AND LICENSE

<input type="checkbox"/> ORIGINAL (1)	<input type="checkbox"/> DUPLICATE (2)	<input type="checkbox"/> NON-NEGOT. (3)	<input type="checkbox"/> PRIOR SALVAGE CORRECTED (5)	<input type="checkbox"/> MECHANIC LIEN (6)	<input type="checkbox"/> SALVAGE (9)	<input type="checkbox"/> DOR SALVAGE (8)	<input type="checkbox"/> JUNK (A)	<input type="checkbox"/> DUP. JUNK (B)	<input type="checkbox"/> TRANSFER ON DEATH (TOD)	<input type="checkbox"/> TENANTS IN COMMON
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OWNER	OWNER'S NAME (LAST, FIRST, MIDDLE, ONLY) YEARS POSSESSIONS (ALL PRINCE ON TITLE) INCLUDING TOD								TOD BENEFICIARIES, IF APPLICABLE		
	STREET ADDRESS (R.R. OR P.O. BOX NUMBER)								COUNTY	FLEET NUMBER	L/R NUMBER
	CITY								<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> OUTSIDE CITY LIMITS	TELEPHONE NUMBER
	ST. Louis MO 63111								DLN OR FEIN NUMBER	PRICE	

VEHICLE	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER (IF TYPING, DISREGARD BLOCK CONSTRAINTS)				BODY STYLE	REG. FEE
	02	Chry	1-SS111-17				4dr	\$
	COLOR	REL	G - GAS D - DIESEL N - NATURAL	P - PROPANE E - ELECTRIC O - OTHER	GVWR OVER 18,000 LBS <input type="checkbox"/> YES	IF NEW, LIST GVWR	SALES TAX	VEHICLE TRAILER
	Blue	G				SS111	1-2-09	\$
KIND OF VEHICLE		<input type="checkbox"/> NEW (MSO)	<input type="checkbox"/> USED (TITLE)	SURRENDERED TITLE NO.	STATE	ZONE	SALES TAX	OTHER CREDIT
P - PASSENGER M - MOTORCYCLE T - TRUCK C - TRICYCLE D - TRAILER R - REC. VEHICLE B - BUS A - ATV				CD111	MO			\$
		K.P.	CYL.	H.P.	TAS NUMBER	EXP. MO.	EXP. YR.	CHECK BOX IF PLATE DOES NOT EXPIRE
		P						\$4500-

LIEN/MAIL TO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SECURITY AGREEMENT DATE (MONTH/YEAR)	(B)	HOLDER'S PHONE NO.	MAIL TO ALTERNATE ADDRESS BELOW. DO NOT USE IF SECOND LIEN OR SUBJECT TO FUTURE ADVANCES.
	X	1-2-09		314 352 1900 X	
	1	ARROW FINANCE CO.			<input type="checkbox"/> STFA
	STREET ADDRESS, R.R. OR P.O. BOX NUMBER	STREET ADDRESS	CITY	STATE	ZIP CODE
	3528 Hampton St. Louis, MO 63139	ARROW FINANCE CO.	St. Louis, MO	63139	

TRADE-IN/TRANSFER	<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						

OWNER SIG.	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.					
	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.					
SIGNATURE OF ONE OWNER REQUIRED						
"I CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE."						
X						

DEALER INFO.	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				TRADE-IN <input type="checkbox"/> YES <input type="checkbox"/> NO

NOTARY DUP. TITLE ONLY	DUPLICATE TITLE ONLY - COMPLETE REASON AND NOTARIZE. NOTARY INFORMATION APPLIES TO APPLICANT'S SIGNATURE.				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 BLIND FUND	<input type="checkbox"/> \$1 ORGAN FUND
					<input type="checkbox"/> \$10 WW II MEMORIAL FUND	
	NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL				FOR OFFICE USE ONLY	
STATE		COUNTY (OR CITY OF ST. LOUIS)		<input type="checkbox"/> PH/UT	WGT. OF PLATES FORM 2230	
SUBSCRIBED AND SWORN BEFORE ME, THIS				<input type="checkbox"/> PP	<input type="checkbox"/> INS	
DAY OF				<input type="checkbox"/> FEN	DIST. AMT.	
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES		<input checked="" type="checkbox"/> SAFETY	SITE CODE	
NOTARY PUBLIC NAME (TYPED OR PRINTED)				<input checked="" type="checkbox"/> EMISSION		

OFFICE VALIDATION	<input type="checkbox"/> APPROVE	H 4742814
	<input type="checkbox"/> REJECT	MILEAGE DATE
	PROCESSED BY	SURRENDERED PLATE NUMBER
		SURRENDERED PLATE CREDIT

FEES	
LICENSE FEE	\$
RESERVATION FEE	\$
ADDITIONAL CREDIT	\$
SPRINTED FEE	\$
PLATE IN TRANSIT	\$
RENEWAL PENALTY	\$
TITLE PENALTY	\$
FUND DONATIONS	\$
TITLE QUICK FEE	\$
STATE TAX	\$
LOCAL TAX	\$
SUBTOTAL	\$
PROCESSING OF APPLICATION	\$
TOTAL PROCESSING FEE	\$
TOTAL	\$