

EXAMPLE

MISSOURI DEPARTMENT OF REVENUE
APPLICATION FOR MISSOURI TITLE AND LICENSE

<input checked="" type="checkbox"/> 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 (10)		<input type="checkbox"/> JUNK (A)		<input type="checkbox"/> DUP. JUNK (B)		<input type="checkbox"/> TRANSFER ON DEATH (TOD)		<input type="checkbox"/> TENANTS IN COMMON				
OWNER	OWNER'S NAME - LAST, FIRST, MIDDLE (ONLY FIRST 50 POSITIONS WILL PRINT ON TITLE) INCLUDING TOD DOE, JOHN														TOD BENEFICIARIES, IF APPLICABLE											
	STREET ADDRESS (MUST BE A PHYSICAL ADDRESS - CANNOT BE A PO BOX OR RURAL ROUTE) 12345 STARLING RD														COUNTY				FLEET NUMBER F				L/R NUMBER LR			
	CITY ST LOUIS						STATE MO				ZIP CODE 63139				<input type="checkbox"/> IN CITY LIMITS				<input type="checkbox"/> OUTSIDE CITY LIMITS				TELEPHONE NUMBER			
	E-MAIL														DLN OR FEIN NUMBER				PRICE \$ 4500.00							
VEHICLE	YEAR 16		MAKE FORD		VEHICLE IDENTIFICATION NUMBER (IF TYPING, DISREGARD BLOCK CONSTRAINTS) 1 F T G P 1 2 3 4 5 P T 2 3 6 9 8												BODY STYLE FODOR		REBATE \$							
	COLOR RED		FUEL G		G - GAS D - DIESEL N - NAT. GAS O - OTHER		L - LP - PROPANE E - ELECTRIC V - PLUG-IN HYBRID ELEC. VEHICLE		GVWR OVER 16,000 LBS <input type="checkbox"/> YES		IF NEW, LIST GVWR		MILEAGE 36842		ENTER AMOUNT OR TYPE EXEMPT		CODE		PURCHASE DATE 07/09/2019		VEHICLE TRADE-IN \$					
	KIND OF VEHICLE P - PASSENGER T - TRUCK D - TRAILER B - BUS N - AUTOCYCLE M - MOTORCYCLE C - TRICYCLE R - REC. VEHICLE A - ATV				<input type="checkbox"/> NEW (MSO) <input checked="" type="checkbox"/> USED (TITLE)		SURRENDERED TITLE NO. TPF1234		STATE MO		ZONE		B - BEYOND LOCAL L - LOCAL S - SHUTTLE F - FARM T - TRANSIT		GR. WT. OR SEATING CAPACITY		OTHER CREDIT \$									
	K.O.V.				CYL. 8		H.P. 42		TAB NUMBER		EXP. MO.		EXP. YR.		CHECK BOX IF PLATE DOES NOT EXPIRE <input type="checkbox"/>		SPECIAL P		NET PRICE \$ 4500.00							
LIEN/MAIL TO	FIRST LIEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SECURITY AGREEMENT DATE 07/09/2019		MAIL TO LIENHOLDER (B)		LIENHOLDER'S PHONE NO. 314-352-1500		SECOND LIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAIL TO ALTERNATE ADDRESS BELOW. DO NOT USE IF SECOND LIEN OR SUBJECT TO FUTURE ADVANCES.															
	1 FIRST LIEN ARROW FINANCE COMPANY								2 SECOND LIEN/MAIL TO ARROW FINANCE COMPANY								STFA				SECURITY AGREEMENT DATE					
	STREET ADDRESS, R.R. OR P.O. BOX NUMBER 3528 HAMPTON AVE								STREET ADDRESS, R.R. OR P.O. BOX NUMBER 3528 HAMPTON AVE								FEES									
	CITY ST LOUIS				STATE MO		ZIP CODE 63139		CITY ST LOUIS				STATE MO		ZIP CODE 63139		LICENSE FEE \$									
TRADE-IN/TRANSFER	<input type="checkbox"/> TRADE-IN <input type="checkbox"/> LICENSE TRANSFER <input type="checkbox"/> OTHER CREDIT		YEAR		MAKE		LICENSE NUMBER		EXP. YEAR		FIRST LIENHOLDER AUTHORIZES SECOND LIEN BY SIGNING HERE: ▶															
	VEHICLE IDENTIFICATION NUMBER										H.P.		TITLE NUMBER													
OWNER SIGNATURE	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." [Signature] DATE											
	MO DEALER NUMBER				DEALERSHIP NAME				CITY, STATE, ZIP CODE				TELEPHONE NUMBER				FUND DONATIONS \$									
DEALER INFO.	"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				TITLE PENALTY \$			
	DUPLICATE TITLE ONLY - COMPLETE REASON AND NOTARIZE. NOTARY INFORMATION APPLIES TO APPLICANT'S SIGNATURE. <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"/> \$1 <input type="checkbox"/> \$10 <input type="checkbox"/> OTHER				IF EXEMPT FROM STATE OR LOCAL TAXES, ENTER EXEMPTION CODE HERE: [Code]				STATE TAX \$			
NOTARY - DUPLICATE TITLE ONLY	NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL				STATE				COUNTY (OR CITY OF ST. LOUIS)				MY COMMISSION EXPIRES				FOR OFFICE USE ONLY <input type="checkbox"/> FHVUT <input type="checkbox"/> PP <input type="checkbox"/> INS <input type="checkbox"/> FEIN <input checked="" type="checkbox"/> SAFETY <input checked="" type="checkbox"/> EMISSION				DIST. AMT. \$					
	SUBSCRIBED AND SWORN BEFORE ME, THIS				DAY OF				NOTARY PUBLIC SIGNATURE				NOTARY PUBLIC NAME (TYPED OR PRINTED)				SITE CODE				SUBTOTAL \$ 0.00					
																	MILEAGE DATE				NOL PROCESSING FEE \$					
																	SURRENDERED PLATE NUMBER				TOTAL \$ 0.00					
OFFICE VALIDATION														<input type="checkbox"/> APPROVE <input type="checkbox"/> REJECT				PROCESSED BY				SURRENDERED PLATE CREDIT \$				